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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning MAR 2, 2009 an	d ending I	DEC 31, 2009				
Вс	heck if	Please use IRS C Name of organization		D Employer identifi	cation number			
	Addres change Name	print or CEDAR STREET CHARITABLE FOUNDATION	, INC.	26-4	530730			
~	_change ∏Initial	Doing Business As	Room/suite	E Telephone numbe				
	_return Termin ated	Specific 111 E. KILBOURN AVE.	200	1	619-4438			
<u>L</u>	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>2,582,006.</u>			
	Application	MILWAUREE, WI 33202		H(a) Is this a group re				
	pendin	F Name and address of principal officer.GREGG GEORGE SAME AS C ABOVE		for affiliates?	for affiliates? Yes X No H(b) Are all affiliates included? Yes No			
	37.076	empt status		1	list (see instructions)			
		te: N/A		H(c) Group exemptio				
KF	orm of	forganization; X Corporation Trust Association Other	L Year		A State of legal domicile: WI			
	ırt I	Summary	1					
		Briefly describe the organization's mission or most significant activities THE	MAKING	OF GRANTS	TO OTHER			
Governance	1	QUALIFIED 501(C)(3) ORGANIZATIONS AND T						
'n.		Check this box If the organization discontinued its operations or disp			•			
Ve	l	Number of voting members of the governing body (Part VI, line 1a)		3	4			
Ğ	l	Number of independent voting members of the governing body (Part VI, line 1b)	4	4			
ଷ୍ଟ ଓ	l	Total number of employees (Part V, line 2a)	,	5	0			
iţie	l	Total number of volunteers (estimate if necessary)		. 6	0			
çį	_	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
200 Ctivities		Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
2				Prior Year	Current Year			
Š	8	Contributions and grants (Part VIII, line 1h)			1,087,041.			
Merge 2	9	Program service revenue (Part VIII, line 2g)						
<u></u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			12,652.			
=	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
5		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,099,693.			
Expenses		Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
		Benefits paid to or for members (Part IX, column (A), line 4)						
ا يو آ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)) [
Se l	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. [
) <u>ē</u> [ь	Total fundraising expenses (Part IX, column (D), line 25)						
ũ		Other expenses (Party ddurph (A), lines 11a-11d, 11f-24f)			66,702.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			66,702.			
		Revenuetess expenses. Subtract line 18 from line 12			1,032,991.			
ces		18 JUN 25 ZUIU 13	Ве	ginning of Current Year	End of Year			
sets	20	Total assaus (Part X, line 16)			1,090,082.			
Net Assets or Fund Balances	21	Total liabilities (Ran K.) ITER (6)			66,702.			
홢		Net assets or tunit paramees. Subtract line 21 from line 20			1,023,380.			
Pa	ırt Iİ	Signature Block						
		Under penalties of perjury, I declare that (have examined this return, including accompanying schedules and complete Declaration of preparer (other than officer) is based on all information of which preparer ha	and statements, s any knowledge	and to the best of my knowled	ge and belief, it is true, correct,			
			,					
Sigr	ո	Jug Tloye		6-9	-10			
Her	e	Signature of difficer		Date				
		GREGG GEORGE, PRESIDENT						
		Type or print name and title						
Deid		Preparer's Date	Ch se		er's identifying number structions)			
signature MICHAEL W. VAN WAGENEN 05/25/10 employed								
Preparer's Firm's name (or yours if REILLY, PENNER & BENTON LLP								
use	Uniy	self-employed), 1233 NORTH MAYFAIR RD, SUITE 3	02					
		address, and ZIP + 4 MILWAUKEE, WI 53226-3255		Phone no. ► (414) 271-7800			
May	the IE	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form **990** (2009)

	rt III Statement of Program Service Accompli	ishments	1, INC. 26-45.	30/30 Page 2							
1	Briefly describe the organization's mission.		•								
	THE MAKING OF GRANTS TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS AND THE SPONSORSHIP OF DONOR ADVISED FUNDS.										
	THE SPUNSORSHIP OF DONOR ADVIS	SED FUNDS.									
			A.I.A. I								
2	Did the organization undertake any significant program serv the prior Form 990 or 990-EZ?	rices during the year which were no	ot listed on	Yes X No							
	If "Yes," describe these new services on Schedule O	•		LTes LA_NO							
3	Did the organization cease conducting, or make significant of	changes in how it conducts, any pi	rogram services?	Yes X No							
	If "Yes," describe these changes on Schedule O.		•								
4	Describe the exempt purpose achievements for each of the										
	Section 501(c)(3) and 501(c)(4) organizations and section 49										
	allocations to others, the total expenses, and revenue, if any	y, for each program service reporte	d.								
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
		·									
	-										
4b	(Code [·]) (Expenses \$	including grants of \$) (Revenue \$)							
		· · · · · · · · · · · · · · · · · · ·									
											
				· · · · · · · · · · · · · · · · · · ·							
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$								
) (110 VO1100 W	<u> </u>							
											
			· · · · · · · · · · · · · · · · · · ·								
											
4d	Other program services. (Describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
	(Expenses \$ including grants of \$) (Revenue \$)								
4e	Total program service expenses ►\$										

Form 990 (2009) . CEDAR STREET CHARITABLE FOUNDATION, INC. 26-4530730 Part IV Checklist of Required Schedules Ye<u>s</u> No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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18

19

20

X

X

X

1c and 8a? If "Yes," complete Schedule G, Part II

. Did the organization operate one or more hospitals? If "Yes, " complete Schedule H

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	}		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			•
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	l		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_X_	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form 9	990 (2	2009)

			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	_1c_							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X					
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ▶								
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and								
	Financial Accounts	:							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited]						
	Tax Shelter Transaction?	5c_							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b_							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services								
	provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		<u>X</u>					
	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		.,					
	benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings								
	at any time during the year?			X					
9	Sponsoring organizations maintaining donor advised funds.	8							
	Did the organization make any taxable distributions under section 4966?	9a		Х					
a	Did the organization make a distribution to a donor, donor advisor, or related person?	_ <u>5a</u> 9b		X					
10	Section 501(c)(7) organizations. Enter:	90							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
	TED								

26-4530730 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body . 1a 4	Ŀ									
b	Enter the number of voting members that are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors or trustees, or key employees to a management company or other person?	3	_X								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>							
6	Does the organization have members or stockholders?	6		X							
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the										
	governing body?	7a_		<u>X</u> _							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u> _							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•									
	by the following.										
а	The governing body?	_8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>							
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with those of the organization?	10b	V								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X								
11A		40-	v								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_								
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	406	X								
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b									
C	in Schedule O how this is done	120	X								
13	Does the organization have a written whistleblower policy?	12c	22	x							
14	Does the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.4									
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
	Other officers or key employees of the organization	15b		X							
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►WI, IL, FL, MN, OH, NH, CO										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for									
	public inspection. Indicate how you make these available. Check all that apply.										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal								
	statements available to the public										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	·								
	GREGG W. GEORGE - 414-287-8872										
	111 E. KILBOURN AVE., MILWAUKEE, WI 53202										
		Form	990 (2009)							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

X Check this box if the organization did not co	(B)			(((D)	(E)	(F)
Name and Title	Average			Pos			Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	lechtutonal trustee	all Officer	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GREGG W. GEORGE DIRECTOR AND PRESIDENT	5.00	x		x			0.	0.	0
BLADEN J. BURNS DIRECTOR, TREASURER & SE	5.00	х		х			0.	0.	0
CARRIE RAYMOND BEDORE DIRECTOR	5.00	x					0.	0.	0
MICHAEL J. VAN HANDEL DIRECTOR	5.00						0.	0.	0
							·		
								·	
								-	
1 - 11									
		_							
									
						_			
						-			
		1							

	990 rt VI	(2009) . CEDAR		CHARITAB	LE FOUNDAT	ION, INC.	<u> 26-4530</u>	730 Page 9
	I VII	Statement of Rever	liue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	, , , ,	nts, and	1007041				
Sontrik and ot	_	Similar amounts not included abo Noncash contributions included in lines		1087041.	1087041.			
Program Service Revenue	2 a b			Business Code	1007041.			
rogra	d e							
_	f	All other program service reve Total. Add lines 2a-2f	enue	<u> </u>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		est, and	6,873.			6,873.
	3	Tioyanies	(i) Real	(II) Personal				
	С	Less: rental expenses		D				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 1,488,092,	(ii) Other				
	c	and sales expenses Gain or (loss) Net gain or (loss)	1,482,313, 5,779.	>	5,779.			5,779.
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
		Net income or (loss) from fund	-	▶				
		Part IV, line 19 Less direct expenses	ctivities. See a b					
	c	Net income or (loss) from gam Gross sales of inventory, less	ning activities	•				
		and allowances Less: cost of goods sold Net income or (loss) from sale	a b es of inventory					
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	d				·			
	е	Total. Add lines 11a-11d		•				
93200 02-04	12 19 - 10	Total revenue. See instructions.	<u> </u>	▶	1099693.	0.	0.	12,652. Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	All other organizations must complete include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			i i	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				<u>_</u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		 		
11	Fees for services (non-employees)			1	
а	Management	15,000.		15,000.	
b	Legal	40,538.		40,538.	
С	Accounting	-			
d	· · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	<u> </u>		6 000	
12	Advertising and promotion	6,000.		6,000.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			<u> </u>	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	· - · · · · · · · · ·			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	E 164		E 164	
23	Other expanses Itemize expanses not covered	5,164.		5,164.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
b					
C			 		
d			 		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	66,702.	0.	66,702.	0.
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

rai	t XI Financial Statements and Reporting		V	.
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			l
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (2009

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

taille oi	trie organizati		mpnnm (113pzm			3 MT ()				C 4530530		
Part I	Peacon		TREET CHARIT						2	<u>6-4530730</u>		
			ity Status (All organiz					tructions.				
			because it is: (For lines	_		-						
1 ⊟			s, or association of chur			ection 170	(b)(1)(A)(i)).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3 🖳	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital's name,		
_	city, and stat			. <u></u>								
5 📖	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in		
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vı).	(Complete	Part II)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33 ¹	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross receipts from		
	activities rela	ted to its exempt fui	nctions - subject to certa	un excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment		
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nızatıon	after June 30, 1975.		
	See section	509(a)(2). (Complete	Part III)									
10 🖳	An organizati	on organized and o	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	I) .				
11 📖	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes of one or		
	more publicly	supported organization	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se o	tion 509(a)(3). Ch	eck the box that		
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.				_		
	a L Type I	l b∟	_l Type II c	: Тур	e III - Fund	tionally inf	tegrated		d <u> </u>	Type III · Other		
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disi	qualified	persons other than		
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (ııi) below	Yes No		
	the gove	erning body of the si	upported organization?		•	•				11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (ii) above	∍? .	•				11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganization	(s).							
		·	1 1111 7	T	_	1						
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizatio	the	(vii) Amount of		
org	anization		/decembed on lines 1.0	in col. (i) lis governing (organizat	ion in col.	(i) organız	ed in the	support		
			above or IRC section					U.S				
··-	-		(see instructions))	Yes	No	Yes	No	Yes	No	- 		
									-			
								ļ				
_												
									 			
		<u> </u>										

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form.990 or 990-EZ) 2009 CEDAR STREET CHARITABLE FOUNDATION, INC. 26-4530730 Page 2

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I)		_		
n A. Public Support						
r year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
s, grants, contributions, and						
mbership fees received. (Do not		1				
ude any "unusual grants.")			<u> </u>		1,087,041.	1,087,041
revenues levied for the organ-						
ion's benefit and either paid to					1	
expended on its behalf					1	
value of services or facilities						
iished by a governmental unit to						
organization without charge						
al. Add lines 1 through 3					1,087,041,	1,087,041
portion of total contributions	· · · · · · · · · · · · · · · · · · ·					
each person (other than a						
ernmental unit or publicly						
ported organization) included						
ine 1 that exceeds 2% of the						
ount shown on line 11,						
ımn (f)						868,201
Dlic support. Subtract line 5 from line 4			<u> </u>			218,840
n B. Total Support				_	,	
r year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
ounts from line 4					1,087,041.	1,087,041
ss income from interest,				į	1	
dends, payments received on						
unties loans, rents, royalties						
Income from similar sources				ļ	6,873.	<u>6,873</u>
income from unrelated business						
vities, whether or not the						
iness is regularly carried on					1	
er income. Do not include gain						
oss from the sale of capital						
ets (Explain in Part IV)						
		<u> </u>				1,093,914
•	•	•				
		s first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. [==
		rcentage	<u>.</u>			▶ [X]
<u> </u>			t (6)			
• • • • • • • • • • • • • • • • • • • •		-	column (1))			9
· · · · · · ·			n line 12 and line	14 :0 22 1/29/ 07 5		9 v and
				14 15 33 1/3/6 01 1	nore, check this box	. and
,		•		Jina 15 is 33 1/3%	or more check the	
• •	•			IIIIe 13 13 33 1737	o or more, check uni	▶
•	, ,	• • • •		13 16a or 16b	and line 14 is 10% o	or more
	-					
			·	•	art iv now use organi	Zation .
	•	•		•	17a, and line 15 in 1	► ∟
	_					0/0 UI
o, and it the organization meets th	io iuoto and circle	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	una DUX anu	Stop riere. Explai		
- 11 × 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n A. Public Support r year (or fiscal year beginning in) s, grants, contributions, and inbership fees received. (Do not ude any "unusual grants.") revenues levied for the organ- ion's benefit and either paid to expended on its behalf value of services or facilities iished by a governmental unit to organization without charge al. Add lines 1 through 3 portion of total contributions each person (other than a erimental unit or publicly ported organization) included ine 1 that exceeds 2% of the ount shown on line 11, imn (f) blic support. Subtract line 5 from line 4 in B. Total Support r year (or fiscal year beginning in) ounts from line 4 ss income from interest, dends, payments received on unities loans, rents, royalties income from unrelated business vities, whether or not the iness is regularly carried on er income. Do not include gain oss from the sale of capital ets (Explain in Part IV) all support. Add lines 7 through 10 as receipts from related activities, at five years. If the Form 990 is for income from the sale of capital ets (Explain in Part IV) all support. Add lines 7 through 10 as receipts from related activities, at five years. If the Form 990 is for income from the sale of capital ets (Explain in Part IV) all support. Add lines 7 through 10 as receipts from related activities, at five years. If the Form 990 is for income from the sale of capital ets (Explain in Part IV) all support. Add lines 7 through 10 as receipts from related activities, at five years. If the Form 990 is for the organization qualifies five years. The organization qualifies five support test - 2009. If the o to be here. The organization qualifies five the "facts-and-circumstances test if the organization meets the "fact the "facts-and-circumstances test if the organization meets the "fact the "facts-and-circumstances test if the organization meets the "fact the "facts-and-circumstances test if the organization meets the "fact the "facts-and-circumstances test in the organization meets the "fact the "facts-and-circumst	r year (or fiscal year beginning in) s, grants, contributions, and inbership fees received. (Do not ude any "unusual grants.") revenues levied for the organion's benefit and either paid to expended on its behalf value of services or facilities inshed by a governmental unit to organization without charge al. Add lines 1 through 3 portion of total contributions each person (other than a ernmental unit or publicly ported organization) included ine 1 that exceeds 2% of the point shown on line 11, jumn (f) blic support. Subtract line 5 from line 4 r year (or fiscal year beginning in) and in the form of the lines is regularly carried on unities loans, rents, royalties income from unrelated business vities, whether or not the liness is regularly carried on er income. Do not include gain poss from the sale of capital ets (Explain in Part IV) all support. Add lines 7 through 10 as sincepits from related activities, etc (see instructivative years. If the Form 990 is for the organization did not prefer the organization qualifies as a publicly support percentage from 2008 Schedule A, Part 1/3% support test - 2009. If the organization did not phere. The organization qualifies as a publicly support percentage from 2008 Schedule A, Part 1/3% support test - 2009. If the organization did not stop here. The organization qualifies as a publicly support percentage from 2008 Schedule A, Part 1/3% support test - 2008. If the organization did not stop here. The organization qualifies as a publicly support percentage from 2008 Schedule A, Part 1/3% support test - 2008. If the organization did not stop here. The organization qualifies as a publicly support percentage from 2008 Schedule A, Part 1/3% support test - 2008. If the organization did not stop here. The organization meets the "facts-and-circumstances" test The organization did not stop here. The organization meets the "facts-and-circumstances" test The organization did not stop here. The organization each circumstances test - 2008. If the organization did not stop here. The o	In A. Public Support If year (or fiscal year beginning in) (a) 2005 (b) 2006 Is, grants, contributions, and othership fees received. (Do not ude any "unusual grants.") If year (or fiscal year beginning in) (a) 2005 (b) 2006 If year (or fiscal year beginning in) (b) 2006 If year (or fiscal year beginning in) (c) 2005 If year (or fiscal year beginning in) (e)	ryear (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 s, grants, contributions, and mbership fees received. (Do not ude any "unusual grants.") revenues levied for the organion's benefit and either paid to xpended on its behalf value of services or facilities inshed by a governmental unit to organization without charge al. Add lines 1 through 3 portion of total contributions each person (other than a emmental unit or publicly ported organization) included into 1 that exceeds 2% of the punt shown on line 11, imm (f) illie support. Subtract line 5 from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support r year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 bunts from line 4 in B. Total Support (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 2007 bunts from line 4 (a) 2005 (b) 2006 (c) 20	n A. Public Support ry year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (d) 2008 (e) 2007 (e) 2007 (e) 2007 (e) 2008 (e) 2007 (e) 2007 (e) 2008 (e) 2008 (e) 2007 (e) 2008 (e) 2008 (e) 2007 (e) 2008 (e) 2	n A. Public Support ry year (or fiscal year beginning in)

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	edule A (Form 990 or 990 EZ) 2009 ort III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete onl	y if you checked the bo	Page 3 ox on line 9 of Part I.)
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		l				
Sec	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·	· · · · ·	- ,	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			•			
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here	Ū	, ,		•	(,,,,	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		.,		
15	Public support percentage for 2009 (column (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	009 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17	•		18	%
19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiz	ation	▶□
b	33 1/3% support tests - 2008. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nızatıon qualifies a	is a publicly supp	orted organization	. ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
					60	hedule A (Form 99)	0 000 EZI 2000

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

CEDAR STREET CHARITABLE FOUNDATION, INC.

Employer identification number 26-4530730

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	10	
2	Aggregate contributions to (during year)	1,087,041.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	1,090,082.	
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	. X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	eleasure) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per	<u> </u>	
_	violations, and enforcement of the conservation easements of		. Yes L. No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	
_	and section 170(h)(4)(B)(ii)?	on accoments in its revenue and evacues	
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization expension of the companies of the footnote to the organization expension of the footnote to the organization of the footnote of the footnote to the organization of the footnote organization organiz	don's financial statements that describes t	the organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections or	Art. Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
			
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these i	· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o	•	
	these items:		.,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	•	. • \$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial	
_	the following amounts required to be reported under SFAS 1		3
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
Ь	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2009 CEDAR S	TREET CHAR										
3	Using the organization's acquisition, access											
3	(check all that apply).	on, and other record	13, CHECK	K arry or tine	Tollowing the	at aic a s	ngriiii	cant us	e oi its	COIIECTIO	ii iteiii	.5
а	Public exhibition	c		l nan or exc	:hange progr	ame						
b	Scholarly research			Other	indingo progr							
_	Preservation for future generations	•	·	Ou lei								
C	Provide a description of the organization's c	allostions and avala	n how th	ov further t	ho organizat	ion's ava	mnt i	ourooc	o in Par	+ VIV		
-	During the year, did the organization solicit of								e III r ai	L AIV.		
5	to be sold to raise funds rather than to be m		-		•	ici siiiiia	i ass	ะเง		Yes		No
Par	rt IV Escrow and Custodial Arran					s" to For	m 00	0 Part	IV line			<u> </u>
- u	reported an amount on Form 990, Pa	•	ete ii oig	jai lization ai	IISWEIGU 16	3 1010	111 33	o, i art	14, 11116	<i>3</i> , 0i		
12	Is the organization an agent, trustee, custod	-	diany for	contribution	ns or other a	ssets not	Linclu	ıded				
Ia	on Form 990, Part X?	ian or other intermet	aidiy ioi	CONTINUENCE	15 01 011101 2	330131101		dod		Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table:	•				<u> </u>	162	٠	J 140
В	it res, explain the analigement in Part XIV	and complete me it	mowning i	laule.			Г			Amoun		
_	Reginning halance						<u> </u>	10		Alloun	<u> </u>	
	Beginning balance							1c 1d				
a	Additions during the year Distributions during the year	•										
e	*			•	•		_	1e 1f				
7	Ending balance Did the organization include an amount on F	orm 000 Port V line	212		•		L_			Yes		No
	If "Yes," explain the arrangement in Part XIV	•	1217		• •	-				l res	<u> </u>	J 140
Pai			swered	"Yes" to Fo	rm 990 Part	: IV line 1	10					
<u> </u>		(a) Current year		rior year	(c) Two year			hree ves	rs back	(e) Fou	r vears	hack
4.	Beginning of year balance	(a) Current year	(0)	nor year	(6) 1110 yea	II 3 Dack	(0) "	n oo you	II S Dack	(6)100	years	Dack
h	Contributions											
0	Net investment earnings, gains, and losses				<u> </u>							
ن د	Grants or scholarships		-		-							
u	Other expenditures for facilities					1						
е	·											
	and programs Administrative expenses											
۱	End of year balance											—
g	Provide the estimated percentage of the year	L and halance held :	L									
2	Board designated or quasi-endowment	il ella balance liela a	.s. %									
a	Permanent endowment		_′°									
0		% %										
20	Are there endowment funds not in the posse		ation tha	et are held a	nd administr	ared for t	he or	aanizat	non.			
Sa		sssion of the organiz	ation the	it are note a	ina aaniimiste	sied for t	110 01	garnza		1	Yes	No
	by: (i) unrelated organizations									3a(i)	163	110
	(ii) related organizations	•		•				•		3a(ii)		
.	If "Yes" to 3a(ii), are the related organization:	e lietad se raquirad d	 on School	 R2 alu						3b	\neg	
4	Describe in Part XIV the intended uses of the								•	_ <u></u>		
_	rt VI Investments - Land, Building				. Part X. line	10.						
<u> </u>	Description of investment	(a) Cost or o			or other	ľ	ccum	ulated		(d) Boo	k valu	
	boson,priori or invodement	basis (investr		` '	(other)		precia			,_,		-
12	Land	<u> </u>		•								
	Buildings											
-	Leasehold improvements											
ر بر	Equipment	-										
	Other											
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X, colun	nn (B). line 1	10(c))			1				0.
									_			

Schedule D (Form 990) 2009

Schedule D	(Form 990) 2009	CEDAR S	TREET	CHARITABLE	FOUNDATION	_INC.	<u> 26-4530730</u>	Page 3
Part VII	Investments	- Other Securit	i es . See	Form 990, Part X, line 1:	2			
(;	a) Description of se (including nam	ecurity or category ne of security)		(b) Book value		(c) Method of or end-of-ye	of valuation [.] ear market value	
Financial de								
	d equity interests		F		· · · · · ·			
	s equity interests		F					
Outlet								
								
					 - .			
					 			
	 							
	 .			-				
								
Total. (Col (I	b) must equal Form 9	90, Part X, col (B) line	12.)		<u>.</u>			
Part VIII	Investments	- Program Rela	ated. Sec	e Form 990, Part X, line				
	(a) Description of	investment type	İ	(b) Book value		(c) Method		
	·				Cos	or ena-or-ye	ear market value	
				*******		-		
				1. 1				
	****	1, 1	Ī					
Total (Col.()	h) must equal Form 9	990, Part X, col (B) line	13)					-
Part IX	Other Assets	5. See Form 990, Pa	rt X line 1	5	<u> </u>			
1 411 121	00.7.000.	2. 000 1 0,,,,, 000,, 1 0		escription			(b) Book val	lue
			(-, -					
								· ·
	· · · · · · · · · · · · · · · · · · ·							
	<u> </u>							
	_	- ·						

		· · · · · · · · · · · · · · · · · · ·						
					<u> </u>			
		I Form 990, Part X, c					<u> </u>	_
Part X		ties. See Form 990		ne 25.				
1	(a)	Description of liabili	ty		(b) Amount			
Federal inc	ome taxes	· · · · · · · · · · · · · · · · · · ·						
								
		 -		 -				
			-1 (0) (05)				
		I Form 990, Part X, c			- 5	41-4	Also appropriate to the total to	
			of the footi	note to the organization?	s tinancial statements	tnat reports	the organization's liability	y tor
uncertain to	ax positions under	FIN 48						
932053 02-01-10							Schedule D (Form 99	3 0) 2009

	dule D (Form 990) 2009 CEDAR STREET CHARITABLE FO				<u> 1530730 Pag</u>	<u>e 4</u>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Fi	nancial Sta	atement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,099,69	<u>3.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		66,70	$\overline{2}$.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,032,99	$\overline{1.}$
4	Net unrealized gains (losses) on investments		4		<9,61	$\overline{1.}$
5	Donated services and use of facilities		5			_
6	Investment expenses		6			
7	Prior period adjustments	_	7			
8	Other (Describe in Part XIV)	•	8		<u>-</u>	
9	Total adjustments (net). Add lines 4 through 8		9		<9,61	$\overline{1.}$
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10		1,023,380	
	t XII Reconciliation of Revenue per Audited Financial Statem			r Return		<u></u>
1	Total revenue, gains, and other support per audited financial statements		- · · ·	1	1,090,082	2.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>	<u> </u>	<u></u>
a	Net unrealized gains on investments	2a	<9,61	1.5		
b	Donated services and use of facilities	2b	() () ()	- '		
_	Recoveries of prior year grants	2c 2c				
٠ د	Other (Describe in Part XIV)	2d	· -			
d		20		⊢	-0 61	1.
e	Add lines 2a through 2d			2e	<9,611 1,099,691	<u></u> 2
3	Subtract line 2e from line 1			3	1,099,69	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
Ь	Other (Describe in Part XIV.)	4b		_		^
С	Add lines 4a and 4b			4c	1 000 50	<u>J •</u>
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	aanta With E		5	1,099,693	<u>3 .</u>
	t XIII Reconciliation of Expenses per Audited Financial Statem	nents with E	xpenses p	1 1		
1	Total expenses and losses per audited financial statements		•	1	66,702	<u>د -</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1				
а	Donated services and use of facilities	2a	· · · · · ·	l		
þ	Prior year adjustments	2b		_		
C	Other losses	2c		_		
d	Other (Describe in Part XIV.)	2d		_		
е	Add lines 2a through 2d .			2e		<u>).</u>
3	Subtract line 2e from line 1			3	66,702	<u>2.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c	(0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	66,702	2.
Pai	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and	1; Part IV, line	s 1b and 2	b, Part V, line 4; Par	t t
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com					
		•				
_						_
						_
						—
	-					—
				.		
			<u>-</u>			—
						_
				Cabada	In D (Earm 000) 20	~

SCHEDULE, L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Open To Public ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Inspection Name of the organization Employer identification number

CE	DAR STE	EET (CHARIT	ABLE FO	UNDAT	'ION, I	NC.	2	<u> 6 – 45</u>	<u> 3073</u>	10	
Part I Excess Benefit											<u> </u>	
Complete if the org	anization ans	wered "Ye	es" on Form	990, Part IV,	line 25a o	r 25b, or Fo	m 990-E	Z, Part	V, line 40	0b.		
1 (a) Name of di	(b) Description of transaction							(c) Correcte				
(a) Name of an					(6)						Yes	_ No
					"	···-		_			 	<u> </u>
											├──	
				<u> </u>							 	
												
											 	
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if a			_	·		s during the	year un	der	▶ \$			
Part II Loans to and/o	or From Int	tereste	d Persons	s.								_
Complete if the org	anization ans	wered "Ye	es" on Form	990, Part IV,	line 26, or	Form 990-E	Z, Part \	/, line 38				
(a) Name of interested person and purpose	of interested (b) Loan to or fi			inal principal (d) i mount		(d) Balance due		In ault?	(f) Approved by board or committee?			ritten ment?
	То	From					Yes	No	Yes No		Yes	No
					ļ				ļ		ļ <u>.</u>	<u> </u>
					_			_			<u> </u>	
			_			<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ļ	ļ	├	
	-							-			 	
					 						 	
Total	!			▶ \$	·						 	
Part III Grants or Assis	stance Be	nefiting	Interest						•		<u> </u>	
Complete if the orga	anization ans	wered "Ye	es" on Form	990, Part IV,	line 27.							
(a) Name of interested				ionship betwe	een interes		and		(c) Am	ount an	d type o	f
				the or	ganization					assistan	ice	
						_		ļ				
												
												
Part IV Business Trans	sactions Ir	volvino	Interest	ed Person	 IS.							
Complete if the orga		_				8h or 28c						
(a) Name of interested) Relationsh	nip between in and the organiz	nterested	(c) Amo			Descript transact		(e) Sha organiz reven	
								_ _			Yes	No
GREGG GEORGE		OI	FICER	OF ORG	ANIZA	15	,000	.THE	ORG	ANIZ]	Х
											<u> </u>	
											ļ	

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Noncash Contributions

2009

Department of the Treasury Internal Revenue Service

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

Schedule M (Form 990) 2009

			CEDAR STREET	CHARI	TABLE FOU	NDATION,	INC.	26-4	<u> 1530</u>	<u> 730</u>	
Par	tl	Types	s of Property				_	•			
				(a) Check if applicable	(b) Number of contributions	(c) Revenues rep Form 990, Part \		(d Method of d reven	etermı	าเกg	
1	Art -	Works of	art		-						
2	Art -	Historical	treasures								
3	Art -	Fractional	Interests								
4	Book	s and pul	blications								
5	Cloth	ning and h	nousehold goods	[
6	Cars	and othe	r vehicles								
7	Boat	s and plai	nes								
8	Intell	ectual pro	pperty					<u> </u>			
9	Secu	ırıtıes - Pu	blicly traded	X	55	706	,855.	FAIR MARKE	r va	<u>LUE</u>	
10	Secu	ırıtıes - Ck	osely held stock								
11	Secu	ırıtıes - Pa	rtnership, LLC, or								
	trust	ınterests									
12	Secu	ırıtıes - Mı	scellaneous .								
13	Qual	ified cons	ervation contribution -								
	Histo	nc struct	ures								
14	Qual	ified cons	ervation contribution - Other								
15	Real	estate - R	tesidential _.		· ·-						
16	Real	estate - C	Commercial								
17	Real	estate - C	Other								
18	Colle	ctibles									
19	Food	Inventor	у .								
20	Drug	s and me	dical supplies								
21	Taxio	dermy									
22	Histo	oncal artifa	acts .								
23	Scien	ntific spec	cimens .					,			
24	Arch	eological	artıfacts								
25	Othe	r 🕨	()								
26	Othe	r 🕨	()								
27	Othe	r 🕨	()								
28	Othe	r 🕨	()_	<u> </u>			, ,				
29	Num	ber of For	rms 8283 received by the organi	zation during	g the tax year for o	ontributions					
	for w	hich the d	organization completed Form 82	83, Part IV, [Donee Acknowled	gment _.	29			0	T
										Yes	No
30a	Dunr	ng the yea	ır, dıd the organızatıon receive b	y contributio	n any property rep	oorted in Part I, lii	nes 1-28 tha	at it must hold for			
	at lea	ast three y	years from the date of the initial	contribution,	and which is not	required to be us	ed for exen	npt purposes for			
	the e	ntire hold	ling period?			•			30a		X
b	If "Ye	es," descr	be the arrangement in Part II								1
31	Does	the orga	nization have a gift acceptance	policy that re	equires the review	of any non-stand	ard contrib	utions?	31	$oxed{oxed}$	X
32a	Does	the orga	nization hire or use third parties	or related or	ganızatıons to solı	cit, process, or se	ell noncash				1
	conti	nbutions?	•						32a	<u> </u>	X
b	If "Ye	es," descr	ribe in Part II.						1		
33	If the	organiza	tion did not report revenues in c	olumn (c) foi	a type of property	y for which colum	nn (a) is che	cked,	1		1
	desc	ribe in Pa	rt II.								1

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CEDAR STREET CHARITABLE FOUNDATION, INC.

Employer identification number 26-4530730

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADVISED FUNDS.
FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS A CONTRACT
WITH THE MARSHALL AND ILSLEY TRUST COMPANY N.A. TO PROVIDE ADMINISTRATIVE
SERVICES, EMPLOYEES, OFFICE SPACE, AND EQUIPMENT USAGE.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11: BEFORE FILING THE 990 WILL BE
PRESENTED TO THE BOARD FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C: OCCURS AT THE ANNUAL MEETING
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS WILL BE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: GREGG GEORGE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
OFFICER OF ORGANIZATION AND M&I TRUST COMPANY
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAS ENTERED INTO A
SUPPORT SERVICES AGREEMENT WITH M&I TRUST COMPANY TO PROVIDE EMPLOYEE
SERVICES, SPACE AND EQUIPMENT AND FURNITURE USAGE.