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**Return of Private Foundation** 

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

See Specific Instructions. Wilmington  City or town, state, and ZIP code  DE 19809-1377  City or town, state, and ZIP code  DE 19809-1377  D 1. Foreign organizations, check here	39-1754 here ► X ► □
Use the IRS label. Otherwise, print or type. See Specific Instructions.    Amended return   Address change   Name change	39-1754 here ► X ► □
tabel. Otherwise, print or type. See Specific Instructions.  The Trailviews Foundation  The Trailviews Foundation  27-0174991  27-0174991  B Telephone number (see page 10 of the insect	39-1754 here ► X ► □
tabel. Otherwise, print or type. See Specific Instructions.  The Trailviews Foundation  The Trailviews Foundation  27-0174991  27-0174991  B Telephone number (see page 10 of the insect	39-1754 here ► X ► □
Otherwise, print or type.  See Specific Instructions.  Number and street (or P O box number if mail is not delivered to street address)  C/O Foundation Source, 501 Silverside Road  City or town, state, and ZIP code  Instructions.  Number and street (or P O box number if mail is not delivered to street address)  Room/suite  B Telephone number (see page 10 of the instructions)  (800) 8  C if exemption application is pending, check here  Nullmington  DE 19809-1377  D 1. Foreign organizations, check here	39-1754 here ► X ► □
print or type. C/o Foundation Source, 501 Silverside Road 123 (800) 8 See Specific Instructions. Wilmington DE 19809-1377 D 1. Foreign organizations, check here	39-1754 here ► X ► □
See Specific Instructions. Wilmington  City or town, state, and ZIP code  DE 19809-1377  City or town, state, and ZIP code  DE 19809-1377  D 1. Foreign organizations, check here	est,
Instructions.   Wilmington   DE   19809-1377   D 1. Foreign organizations, check here	> □ •st, • □ • □
	est,
H Check type of organization: X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% to	►□
Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation check here and attach computation	<b>▶</b> □
Fair market value of all assets at end J Accounting method: X Cash Accrual Figure 1 Accounting method with the large 1 Accounting method in the large 2 Accounting method 3 Accou	" <b>▶</b> □
of year (from Part II, col. (c), Other (specify)	▶□
line 16) ▶\$ 491,211 (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here	
Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Disburg	
amounts in columns (b), (c), and (d) may not necessarily equal expenses per (b) Net investment (c) Adjusted net tor chan	
the amounts in column (a) (see page 11 of the instructions) ) books (cash bas	
1 Contributions, gifts, grants, etc., received (attach schedule) 500,000	
2 Check ▶ f the foundation is not required to attach Sch B	
3 Interest on savings and temporary cash investments 111 111	
4 Dividends and interest from securities .	
5 a Gross rents	
b Net rental income or (loss)	
6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) .	
7 Capital gain net income (from Part IV, line 2) .	
8 Net short-term capital gain	
9 Income modifications	
10 a Gross sales less returns and allowances	
b Less Cost of goods sold	<del></del>
c Gross profit or (loss) (attach schedule) .	
11 Other income (attach schedule)	
12 Total. Add lines 1 through 11	
y 13 Compensation of officers, directors, trustees, etc	
14 Other employee salanes and wages	
15 Pension plans, employee benefits	
14 Other employee salanes and wages 15 Pension plans, employee benefits 21 16 a Legal fees (attach schedule) 31 16 a Legal fees (attach schedule) 42 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
b Accounting fees (attach schedule)	
c Other professional fees (attach schedule)	
18 Texes (attach schedule) (see page 14 of the instructions)	
통 20 Occupancy	
22 Printing and publications	
23 Other expenses (attach schedule)	5,900
22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and dispursements Add lines 24 and 25	
Add lines 13 through 23	5,900
25 Contributions, gifts, grants paid 3,000	3,000
25 1-527-54-56-56-56-16-16-17-16-17-16-17-16-18-17-16-18-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	8,900
27 Subtract line 26 from line 12.	
a Excess of revenue over expenses and disbursements 491,211	
b Net investment income (if negative, enter -0-)  Additional and income (if negative, enter -0-)	
C Adjusted net Income (if negative, enter -0-)	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

SCANNED MAY 27 2010

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End	of year
. c	ببحت	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Val	lue	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments		49	1,211	491,211
	3	Accounts receivable	** * *** ***			
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable .				
	6	Receivables due from officers, directors, trustees, and other	1			
•	ļ	disqualified persons (attach schedule) (see page 15 of the				
	ļ	instructions)				
	7	Other notes and loans receivable (attach schedule)				
ţ		Less. allowance for doubtful accounts				
Assets	8	Inventories for sale or use				
As	9	Prepaid expenses and deferred charges	_			·
_	10 a	Investments—U.S and state government obligations (attach schedule) .				,
	l t	Investments—corporate stock (attach schedule)				
	0	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
	l	Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment, basis				
	15					
	16	Other assets (describe  Total assets (to be completed by all filers—see the				· <del></del>
		Instructions Also, see page 1, item I)		40	1,211	491,211
$\neg$	17	Accounts payable and accrued expenses			1,411	491,211
Liabilities	18	· · ·				
	19	Grants payable Deferred revenue		•		
	į.	· •				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
===	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe )		<del></del>		
	23	Total liabilities (add lines 17 through 22) .	0		0	
		Foundations that follow SFAS 117, check here				
ë	l	and complete lines 24 through 26 and lines 30 and 31.				
Balances	24	Unrestricted				•
<u>=</u>	25	Temporanly restricted				
	26	Permanently restricted				
2	}	Foundations that do not follow SFAS 117, check here				
Net Assets or Fun	1	and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund			_	
Se	29	Retained earnings, accumulated income, endowment, or other funds		49	1,211	ı
As	30	Total net assets or fund balances (see page 17 of the				
ig i	l	instructions)	o	49	1,211	
ž	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	o	49	1,211	
Pai	rt III	Analysis of Changes in Net Assets or Fund Balances				
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
		f-year figure reported on prior year's return)	· -		1	0
2		amount from Part I, line 27a			2	491,211
		increases not included in line 2 (itemize)			3	0
		nes 1, 2, and 3			4	491,211
		anno net included in line 2 (damino)			5	0
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, co			6	· · · · · · · · · · · · · · · · · · ·
	, otar I	Tat II, Co	יים פוויות לטן, וויופ	•	٠ - ا	491,211

Capital Gains and	d Losses for Tax on Inve	estment incol			
	kind(s) of property sold (e.g., real es se, or common stock, 200 shs. MLC (		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, )	
1a NONE					
b		•		i	
С					
d					
е					
(e) Gross sales pnoe	(f) Depreciation allowed (or allowable)	1	r other basis ense of sale		(h) Gain or (loss) o) plus (f) minus (g)
а		•			
b					
С			·		
<u>d</u>		]			
<u>e</u>					
Complete only for assets show	ing gain in column (h) and owne	d by the foundation	on on 12/31/69	(I) Gai	ins (Col. (h) gain minus
(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ''	ss of col (ı) l. (j), ıf any		but not less than -0-) or sses (from col (h))
a					
b					
С					
d					
e					
2 Capital gain net income or (i	nei cabilal loss i	also enter in Pai , enter -0- in Pai	· >	2	0
3 Net short-term capital gain of					
	ine 8, column (c) (see pages				
	-0- in Part I, line 8			3	
Part V Qualification Und				ent Income	<del></del>
(For optional use by domestic p		THE SECTION 454	o(a) tax on net ii	ivesiment inc	snie.)
If section 4940(d)(2) applies, lea	-				1ST YEAR
Was the foundation liable for the	e section 4942 tax on the dis	tributable amou	nt of any year in	the base pen	od? 🔲 Yes 🔲 No
If "Yes," the foundation does no	t qualify under section 4940(	e). Do not comp	olete this part.		
1 Enter the appropriate amount	unt in each column for each	vear: see page	18 of the instruct	ions before m	aking any entries.
(a)		Juan, sac page		1	(d)
Base penod years	(b)		(c)	.	Distribution ratio
Calendar year (or tax year beginning in	Adjusted qualifying distribution	ons Net value o	of noncharitable-use a	ssets (c	ol (b) divided by col (c))
2008					0.000000
2007					0.000000
2006					0.000000
2005					0.000000
2004	_1				0.000000
2 Total of line 1, column (d)					0.000000
3 Average distribution ratio for					
the number of years the four	ndation has been in existenc	e if less than 5	years	. 3	0.000000
4 Enter the net value of nonch	aritable-use assets for 2009	from Part X, lin	e5	. 4	0
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investment	income (1% of Part I, line 27)	b)		6	0
7 Add lines 5 and 6				. 7	0
8 Enter qualifying distributions	from Part XII, line 4			8	0
	r than line 7, check the box in				a 1% tax rate. See
	-3				

Fon	n 990-PF (2009) The Trailviews Foundation	27-017	4991	Р	age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of the	e inst		
_	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	T		-	Τ
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	ł			
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b		<del></del>	2	_
	C All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	1			
	of Part I, line 12, col (b)	1			1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0	
3	Add lines 1 and 2			2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0			2	
6	Credits/Payments				
	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0	1			
1	D Exempt foreign organizations—tax withheld at source 6b	1			1
(	C Tax paid with application for extension of time to file (Form 8868)	1			}
•	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d			0	
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			0	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 Refunded ▶ 11	}		0	
Pa	rt VII-A Statements Regarding Activities				
1 8	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		Х
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the				
	Instructions for definition)?		1b		Х
	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				
•	Did the foundation file Form 1120-POL for this year?		1c	1	Х
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation   \$ (2) On foundation managers   \$		ļ		
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers.   \$		li		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
Z	If "Yes," attach a detailed description of the activities				
2				l i	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			i	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х
3			3 4a		X
3 4 a	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			N/A	

If "Yes," attach the statement required by General Instruction T

ınstructions) ▶ DE

If "Yes," complete Part XIV . . . . .

their names and addresses

· By language in the governing instrument, or

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

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

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

By state legislation that effectively amends the governing instrument so that no mandatory directions
that conflict with the state law remain in the governing instrument?

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 on page 27)?

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.

8b

Form	990-PF (2009) The Trailviews Foundation 27-01	74991	P	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) .	11		×
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	40		
40	August 17, 2008?	12	- V	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address	13	X	<u> </u>
14	The books are in care of C/o Foundation Source Telephone no	(800	)) 839	-1754
•	Located at ► 501 Silverside Road, Suite 123, Wilmington, DE ZIP+4 ► 19809-137			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Lagrange X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			ł
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			<u> </u>
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			(
	If "Yes," list the years > 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions )	2b	N/A	1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>▶</b> 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			ļ
-	enterprise at any time during the year?			

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

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

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

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

if the foundation had excess business holdings in 2009)

3b N/A

4a

Form	m 990-PF (2009) The Trailviews Foundat	ion				27-017499	1 Page <b>6</b>
Pa	art VII-B Statements Regarding Ad	tivities f	or Which Form	n 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or inc  (1) Carry on propaganda, or otherwise att  (2) Influence the outcome of any specific on, directly or indirectly, any voter region.	empt to infl public elect	uence legislation ( ion (see section 4		Yes Yes	X No	
	<ul> <li>(3) Provide a grant to an individual for trav</li> <li>(4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or sect</li> </ul>	er than a ch	nantable, etc., orga	anization described	Yes Yes	X No	
	(5) Provide for any purpose other than rel educational purposes, or for the preve	•		•	· · Yes	X No	
b	If any answer is "Yes" to 5a(1)–(5), did any of Regulations section 53.4945 or in a current		•	•		5b	N/A
С	Organizations relying on a current notice reg If the answer is "Yes" to question 5a(4), doe tax because it maintained expenditure respo If "Yes," attach the statement required by Re	s the found insibility for	lation claim exemp	tion from the	Yes	X No	
	Did the foundation, during the year, receive premiums on a personal benefit contract?	•	•		Yes	X No	
b	Did the foundation, during the year, pay pred If "Yes" to 6b, file Form 8870	miums, dire	ctly or indirectly, o	n a personal benefit	contract? .		<del>    ×</del>
_	At any time during the tax year, was the four	•	•			X No	<del>                                      </del>
	If yes, did the foundation receive any proceed		<del></del>			7b	
Ľ	art VIII Information About Offi	cers, Dir	ectors, Truste	es, Foundation	Managers, Highly	Paid Employ	yees,
-	and Contractors  List all officers, directors, trustees, for	oundation	managare and	t their compane	ion (see page 22 of th	he instruction	
<u> </u>	(a) Name and address	(b)	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	nse account,
SE	E ATTACHMENT		ovotos as passissi.				
				,			
2	Compensation of five highest-paid ell finone, enter "NONE."	mployees	(other than the	ose included on li	ne 1—see page 23 of	the instruction	ons).
(a)	) Name and address of each employee paid more th	an \$50,000	(b) Title, and avera hours per week devoted to position	(c) Compensation	on (d) Contributions to employee benefit plans and deferred compensation	(e) Exper	nse account, allowances
NO	NE						
Tot	tal number of other employees paid over	\$50,000					90-PF (2009)
							(2000)

The Transfews Foundation	. P	27-0174991 Page
Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	es, Foundation Managers, Highly Paid	ı Employees,
3 Five highest-paid independent contractors for professional services	(see page 23 of the instructions). If none, ente	er "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del> </del>	<u> </u>
•••••••••••••••••••••••••••••••••••••••		
T-4-1	<u> </u>	
Total number of others receiving over \$50,000 for professional services	3	▶
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele	want statistical information such as	
the number of organizations and other beneficiaries served, conferences convened, resear		Expenses
1 NONE		
	***************************************	
2		
3		
4		
	***************************************	
2	04-611-1-1-1-1	
Part IX-B Summary of Program-Related Investments (see pa		· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2	Amount
1 NONE		
2		
••••••		
All other program-related investments See page 24 of the instructions		
3	ļ	
Total. Add lines 1 through 3		(
		- 000 PE

Form	990-PF (2009) The Trailviews Foundation	27-0	174991 Page 8
Pai	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	ations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T	
	purposes:	1 1	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	92,467
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	92,467
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d	3	92,467
4	Cash deemed held for charitable activities. Enter 1% % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,387
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	91,080
6	Minimum investment return. Enter 5% of line 5 . MIR PRORATED - SHORT TAX YEAR	6	2,920
Par		peratin	
	foundations and certain foreign organizations check here  and do not complete this part.)	•	
1	Minimum investment return from Part X, line 6	11	2,920
2a	Tax on investment income for 2009 from Part VI, line 5	2	
b	Income tax for 2009. (This does not include the tax from Part VI.)	7	
С	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,918
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	2,918
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		•
	line 1	7	2,918
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes	T	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	8,900
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific chantable projects that satisfy the		
а	Sunability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b (see page 26 of the instructions) .

qualifies for the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4

8,900

8,900

4

Par	Undistributed income (see page 26 of t	ine instructions)			<del></del>
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7				2,918
2	Undistributed income, if any, as of the end of 2009.				
é	Enter amount for 2008 only			0	
	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2009				
Ĭ					
	<del></del>				
	From 2005 .				
•	From 2006				
•	From 2007				
•	From 2008		i		' !
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2009 from Part				1
	XII, line 4 > \$ 8,900				
ē	Applied to 2008, but not more than line 2a .			o	
t	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
,	Treated as distributions out of corpus (Election				· · ·
•	• • • • • • • • • • • • • • • • • • • •		<u> </u>		
	required—see page 26 of the instructions)				2.040
	Applied to 2009 distributable amount				2,918
- 6	• •	5,982			<u></u>
5	Excess distributions carryover applied to 2009 .	0			0
	(If an amount appears in column (d), the				
	same amount must be shown in column (a) )				
6	Enter the net total of each column as			ļ	
	indicated below:				
á	Corpus Add lines 3f, 4c, and 4e Subtract line 5 .	5,982			
ŧ	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
	Enter the amount of pnor years' undistributed				
•	* *				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	i i			
	tax has been previously assessed				
(	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		0		· · · · · · · · · · · · · · · · · · ·
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the				
	instructions			0	
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				0
7	Amounts treated as distributions out of				······································
•	corpus to satisfy requirements imposed by			İ	
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	, , , , , , , , , , , , ,		j		
	the instructions)				
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see page 27 of the			l	
	instructions)	0			
9	Excess distributions carryover to 2010.		]	I	
	Subtract lines 7 and 8 from line 6a	5,982			
10	Analysis of line 9				
a	Excess from 2005				
	Excess from 2006 . 0		{	Į	l
			į	ļ	
	Excess from 2009			ì	
	CAUGOS HUHI 2007			<u> </u>	

_	990-PF (2009) The Trailviews Foundation				27-017	
Par	t XIV Private Operating Foundations (s	ee page 27 of th	e instructions ai	nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2009, entitled to the ruling its effective for 2009, entitled to 2009			<b>&gt;</b>		
	Check box to indicate whether the foundation is a	private operating fou	ndation described in	n section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(-) T-4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed .	0				0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed .	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities				;	0
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon  "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter		<del></del>			
	(1) Total support other than gross investment income (interest, dwidends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					<u>0</u>
Ρa	t XV Supplementary Information (Cor	nolete this part	only if the four	ndation had \$5.	000 or more in	<u>_</u>
	assets at any time during the ye					
1	Information Regarding Foundation Manag				··············	····
а	List any managers of the foundation who have conbefore the close of any tax year (but only if they ha					
	phanie Williams John L. Wil					
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which		,		ortion of the	
NO		A 014 1 0 :	alamahin -4: 5:		·- ·- ·· · · · · · · · · · · · · · · ·	
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation maunder other conditions, complete items 2a, b, c, and	contributions to pres kes gifts, grants, etc	selected charitable o	organizations and do		ons
а	The name, address, and telephone number of the	person to whom app	lications should be	addressed		
b	The form in which applications should be submitted	d and information an	d materials they sho	ould include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as b factors:	y geographical area	s, chantable fields, l	kinds of institutions,	or other	

Part XV Supplementary Information (continued)

3. Grants and Contributions Paid During the Year

Grants and Contributions Paid During the		r Future Pay	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contain Caron	
Name and address (home or business)  a Paid dunng the year SEE ATTACHMENT	or substantial contributor	Тестрівті		
	<u> </u>			
Total			▶ 3a	3,000

Form 990-PF (2009) The Trailviews Foundation  Part XVI-A Analysis of Income-Producing Ad	ctivities			27-017	4991 Page <b>1</b> 2
Enter gross amounts unless otherwise indicated.	Unrelated busi	ness income	Excluded by section	512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemptifunction income (See page 28 of
1 Program service revenue a			<del> </del>		the instructions )
a			<del>                                     </del>		
С					
d					
e		·			
f					ļ. <u>.</u>
g Fees and contracts from government agencies					
2 Membership dues and assessments	\\\\\\\	·	<del> </del>		<u> </u>
3 Interest on savings and temporary cash investments .		·	14	111	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate			<del> </del>	··	 
a Debt-financed property	<del>  </del>		+		
b Not debt-financed property  6 Net rental income or (loss) from personal property			1		
<b>9 6</b> 0	•		+ + +		<del> </del>
8 Gain or (loss) from sales of assets other than inventory	·				
9 Net income or (loss) from special events				· ·	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
С					
d	_				
е	_	<del> </del>	<del> </del>		
12 Subtotal Add columns (b), (d), and (e)	·	(		111	·
13 Total. Add line 12, columns (b), (d), and (e)				13	111
See worksheet in line 13 instructions on page 28 to verify ca					
Part XVI-B Relationship of Activities to the A				· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which incomplishment of the foundation's exemple page 28 of the instructions.					
N/A					<del></del>
		<u>.                                    </u>			
	<del> </del>				
	<del></del>				
	<del></del>				
	<del></del>			· · · · · · · · · · · · · · · · · ·	<del></del>
	<del></del>			· · · · · · · · · · · · · · · · · · ·	

## Form 990-PF (2009) The Trailviews Foundation 27-0174991 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	ın sect	e organization directly tion 501(c) of the Code zations?	•		_	-	_			Yes	No
a	Transf	ers from the reporting	foundation to	a nonchantable e	xempt organiza	tion of:					
		ash							. 1a(1)		Х
		her assets							1a(2)		X
b	Other t	transactions:									
	(1) Sa	ales of assets to a none	charitable exe	mpt organization					. 1b(1)		X
		irchases of assets from							. 1b(2)		X
	(3) Re	ental of facilities, equip	ment, or other	rassets					. 1b(3)		X
		eimbursement arrange							. 1b(4)		X
	(5) Lo	ans or loan guarantee	s						. 1b(5)		X
	(6) Pe	erformance of services	or membersh	ip or fundraising s	solicitations .				1b(6)		_X_
С	Shann	g of facilities, equipme	ent, mailing list	ts, other assets, or	r paid employee	es			1c		X
d	value o	answer to any of the at of the goods, other ass in any transaction or sl	sets, or service	es given by the rep	porting foundati	on. If th	ne foundation rec	eived less tha	an fair m	arket	l.
(a)	Line no.	(b) Amount involved	(c) Name o	of nonchantable exemp	t organization	(d) De:	scription of transfers,	transactions, and	shanng an	rangem	ents
	1		NONE								
			ļ					<del></del>			
			<b>}</b>			<b></b>					
						ļ					
					<del></del>					_	
			<del> </del>	·			<del></del>				
				•		<del> </del>					
			-					-			
		· · · · · · · · · · · · · · · · · · ·	1	•		<del> </del>					
			<del></del>	······································				···-			
				···-·		-	<del></del>	···-			
			<del> </del>			<del> </del>					
			1								
	describ	foundation directly or in bed in section 501(c) on the complete the following	of the Code (ot	ited with, or related ther than section 5	d to, one or mo 501(c)(3)) or in :	re tax-e section	exempt organizati 527?	ons	Yes X	No	
		(a) Name of organization		(b) Type	of organization		(c) Desc	inption of relation	ship		
N/A		. <u></u>					<b></b>				
							ļ				
	<del></del>						ļ				
		er penalties of Benury, I decla f, it is true, portect, and comp					d on all information of		nas any kno		).
9	Sig	nature of officer or trustee			Da	te	Title	9	•		
Sign Here	Paid Preparer's Use Only	Preparer's signature	Hamble		Date 03/22/20	010	Check if self-employed >	number (s	identifying see Signati If the instru	ire on	
	P. S. S.	Firm's name (or yours if	FOUNDAT	TION SOURCE	l		<u> </u>	EIN ▶			
		seir-employed), address,		DRIVE, FAIRFIE	ID CT 06824			Phone no. (8	00) 830	1754	
		and ZIP code	33 WALLS	PORIVE, PAIRFIE	-LD, CI 00024			Priorie no. (6	00) 033-	1734	

### Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number The Trailviews Foundation 27 :0174991 Organization type (check one): 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. **▶** \$ \_\_\_\_\_

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Page \_1\_of \_1\_ of Part I

Name of	organization		1	loyer identification number
The	Trailviews Foundation	<del> </del>	27	0174991
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
1	Williams, Stephanie  1000 Route 80, Guilford, CT 06437	\$ 500,0	00.00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
		\$		Person Payroll Occupate Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(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 contribu	tions	(d) Type of contribution
		\$		Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(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 contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II if there is a noncash contribution )

The Trailviews Foundation EIN: 27-0174991 Taxable Year Ending December 31, 2009

Form 990-PF, Part I, Line 23 - Other expenses

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purpose
ADMINISTRATIVE SET-UP FEE	\$4,750	0\$	•	\$4,750
DELAWARE INCORPORATION FEE	\$400	0\$		\$400
IRS APPLICATION FEES	\$750	0\$	•	\$750
TOTAL:	\$5,900	0\$	,	\$5,900

The Trailviews Foundation EIN: 27-0174991 Taxable Year Ending December 31, 2009

## Form 990-PF, Part VII-A, Line 10 - Became a Substantial Contributor in 2009

- Stephanie Williams, 1000 Route 80, Guilford, CT 06437
- John L. Williams II, 1000 Route 80, Guilford, CT 06437 ς;

The Trailviews Foundation EIN: 27-0174991 Taxable Year Ending December 31, 2009

Form 990-PF, Part VIII, Line 1 - List all foundation officers, directors, trustees, foundation managers and their compensation

(a) - Name and address		(b) - Title, and average hours per week devoted to position	(c) - Compensation	(d) - Contributions to employee benefit plans and deferred compensation	(e) - Expense account, other allowances
Stephanie Williams c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377	7	President / Director / Secretary hour(s) per week	00 0\$	\$0 O\$	\$0.00
John L. Williams II c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377	₹	Vice President hour(s) per week	00 0\$	00 0\$	\$0.00
Richard M. Williams c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377	₹	Vice President hour(s) per week	\$0.00	\$0.00	\$0.00
Valerie K. Williams c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377	₹	Vice President hour(s) per week	00 0\$	\$0.00	\$0.00

The Trailviews Foundation EIN: 27-0174991 Taxable Year Ending December 31, 2009

# Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
A PLACE CALLED HOPE, INC 254 ROAST MEAT HILL ROAD, KILLINGWORTH, CT 06419	Ϋ́	509(a)(1)	GENERAL & UNRESTRICTED	\$1,000 00
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD, NEWINGTON, CT 06111-1527	N/A	509(a)(1)	GENERAL & UNRESTRICTED	\$1,000 00
CONNECTICUT ZOOLOGICAL SOCIETY INC 1875 NOBLE AVE, BRIDGEPORT, CT 06610-1646	A/A	509(a)(1)	GENERAL & UNRESTRICTED	\$1,000 00

\$3,000

TOTAL: