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Form **990-PF**

Department of the Treasury

EXTENSION GRANTED TO 8/16/2010

Return of Private Foundation

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

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

2009

OMB No 1545-0052

			be able to ase a copy of this			<u> </u>	
	For calendar year 2009, or tax year beginning , and ending G. Check all that apply: X Initial return Initial return of a former public charity Final return						
G (neck		Initial return of a fo	· · ·	Final return		
_		Amended return	Address chang	<u>ge</u>	Name change		
Use the IRS Name of foundation					A Employer identification	number	
label. LADY FOUNDATION					27 0400100		
_	erwis		•		27-0400100		
	print r type			Room/suite	B Telephone number	0.0	
	Spec	SEA TOOOS HE TIN DIRECT!	SUITE 320		206.264.82		
	ructio	une City or town, state, and ZIP code			C If exemption application is po		
		BELLEVUE, WA 98004			D 1. Foreign organizations	t, check here	
H_0	_	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation	
느			Other taxable private founda		E If private foundation stat	tus was terminated	
		rket value of all assets at end of year J Accounti	-	Accrual	under section 507(b)(1)	(A), check here	
			ther (specify)	1	F If the foundation is in a	[· · ·]	
	-\$	1,000,098. (Part I, colu	["		under section 507(b)(1)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	1,000,000.		N/A		
	2	Check fthe foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	98.	98		STATEMENT 1	
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
m	6a	Net gain or (loss) from sale of assets not on line 10					
ž	Ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)		. 0	•		
ď	8	Net short-term capital gain					
	9	Income modifications					
=	10a	Gross sales less returns and allowances					
	١.	Less Cost of goods sold					
5	c	Gross profit or (loss)					
Į	11	Other income					
	12	Total. Add lines 1 through 11	1,000,098.	98			
ار 	13	Compensation of officers, directors, trustees, etc	0.	0		0.	
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
Ses Ses	16a	Legal fees			RECEIVED		
Z ë	ь	Accounting fees					
	C	Other professional fees		003	SEP 9 3 2010		
9	17	Interest		Ö	011 / 0 2010	ကွ	
OCAI Operating and Administrative Expen	18	Taxes			<u> </u>	ገជ	
nist	19	Depreciation and depletion			OGDEN, UT		
Ē	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
pur	22	Printing and publications					
ž,	23	Other expenses					
ati	24	Total operating and administrative					
per		expenses. Add lines 13 through 23	0.	0		0.	
0	25	Contributions, gifts, grants paid					
	26	Total expenses and disbursements.					
		Add lines 24 and 25	0.	.00		0.	
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	1,000,098.				
	b	Net investment income (if negative, enter -0-)		98			
_		Adjusted net income (if negative, enter -0-)			N/A		
9235 02-0	501)2-10	LHA For Privacy Act and Paperwork Reduction	Act Notice, see the instruc	tions.		Form 990-PF (2009)	

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_		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
<u> </u>	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,000,098.	1,000,098.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	_		
	7	Other notes and loans receivable		·	
		Less: allowance for doubtful accounts ▶			
ş.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			·-·
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe			
		Total assets (to be completed by all filers)	0.	1,000,098.	1,000,098.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	l .	Loans from officers, directors, trustees, and other disqualified persons			
Ē		Mortgages and other notes payable			
_	22	Other liabilities (describe)			
		Tabel Pakilistan /add long 47 Abranah 00\	١	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Fund Balance	25	Temporarity restricted			
39	1	Permanently restricted			
펄	20	Foundations that do not follow SFAS 117, check here			
Ξ	ł	and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,000,098.	
Net Assets or	30	Total net assets or fund balances	0.	1,000,098.	
2	•				
	31	Total liabilities and net assets/fund balances	0.	1,000,098.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_					
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		0
_		st agree with end-of-year figure reported on prior year's return)		1	1 000 008
		r amount from Part I, line 27a		2	1,000,098.
		r increases not included in line 2 (itemize)		3	1 000 008
		lines 1, 2, and 3 eases not included in line 2 (itemize)		4	1,000,098.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (h) line 30	5	1,000,098.
<u>u</u>	ı Uld	The assets of fully paramets at the or year fille 4 millus line 3/2 Falt II, C	oinnin (n) inic on	10)	Form 990-PF (2009)

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(a) List and desc	and Losses for Tax on ribe the kind(s) of property sold (irehouse; or common stock, 200	(e.g., real estate,	. IIICOIIIE	(b) I	How acquired - Purchase - Donation	(c) (г	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NO	NE			 				
	· · ·	<u> </u>		↓				
d				↓		<u> </u>		
<u>e</u>		1						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (loss)) plus (f) minus (
<u>a</u>								
b		-						
C								
d		_						
Complete only for accets about	l ng gain in column (h) and owned	by the foundation	on 12/21/60			40 O-	(0-1 (1-)	
Complete only for assets snown						(I) Ga col. (k).	ins (Col. (h) gain , but not less thar	minus 1 -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			Lo	sses (from col. (h))
a	<u> </u>							
<u>b</u>								
<u> </u>								
d								
e								
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{ If gain, also e} \\ \text{ If (loss), ente} \end{cases} $	nter in Part I, line r -0- in Part I, line	7 7	}	2			
3 Net short-term capital gain or (loalif gain, also enter in Part I, line 8,	,	5) and (6):		J				
If (loss), enter -0- in Part I, line 8					3			
Part V Qualification U	Inder Section 4940(e)	for Reduced	Tax on Net	t Inv	estment	Incon	ne	N/A
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in	tion 4942 tax on the distributable lify under section 4940(e). Do no	ot complete this pa	rt.					Yes No
(a) Base period years Calendar year (or tax year beginni	(b) Adjusted qualifying	distributions	Net value of no	(c) oncha		sets	Distrib (col. (b) div	(d) oution ratio rided by col. (c))
2008								
2007	,							
2006			·					
2005								
2004								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the the foundation has been in existe		otal on line 2 by 5,	or by the number	r of ye	ears		3	
4 Enter the net value of noncharital	hla-usa assats for 2000 from Par	t Y line 5					4	
	ole use assets for 2005 from Far	t X, III 6 3						
5 Multiply line 4 by line 3						-	5	
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					-	6	_
7 Add lines 5 and 6						-	7	
8 Enter qualifying distributions from		los di	.l.a. the t		0/ 4:		8	
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part VI,	, line 10, and comp	nete that part usi	ng a 1	% tax rate.			

		_	_		
	LADY FOUNDATION				
Forn	<u> </u>	7-0400	100	1	Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	.]			2.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			_0.
3	Add lines 1 and 2	3			2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u>. </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2.
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009				
b	Exempt foreign organizations - tax withheld at source 6b	·			
C	Tax paid with application for extension of time to file (Form 8868) 6c 100.				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	<u>' </u>		1	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	3			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10		0			<u>98.</u>
		<u>1 </u>			0.
Pá	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published o	r			
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		1c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		١,		v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	n Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4a 4b		^
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	IV/A	5		Х
5	If "Yes," attach the statement required by General Instruction T		1		Α
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
U	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 	J			
	remain in the governing instrument?	,	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	 -
•	If "Yes," complete Part II, col. (c), and Part XV.			- -	
Q:	Enter the states to which the foundation reports or with which it is registered (see instructions)				

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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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

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

LADY FOUNDATION					
orm 990-PF (2009) C/O WELLSPRING GROUP P.S	., CPAS		<u>27-04001</u>	00	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	i	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	? .	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned			İ
expenditure responsibility for the grant?		/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)		ļ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	İ	
b If yes, did the foundation receive any proceeds or have any net income attribute			_	7b	
Information About Officers Discotors Touch		nagers, Highly		·	
Part VIII Paid Employees, and Contractors	,		,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) E)	opense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation		ances
MERRILL B. WRIGHT	TRUSTEE				
407 DEXTER AVE N					
SEATTLE, WA 98109	5.00	0.	0.		0.
	TRUSTEE				
407 DEXTER AVE N					
SEATTLE, WA 98109	5.00	0.	0.		0.
	TRUSTEE				
407 DEXTER AVE N					
SEATTLE, WA 98109	5.00	0.	0.]	0.
	1	}		i	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			_
() Name and address of seah ampleuse and many than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) E	opense ot, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allow	ances
NONE			·		
-					
	<u> </u>				

0

Total number of other employees paid over \$50,000

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

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Amount

N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,000,049.
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,000,049.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,000,049.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,001.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	985,048.
6	Minimum investment return Enter 5% of line 5	6	49,252.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	49,252.
2a	Tax on investment income for 2009 from Part VI, line 5		<u> </u>
Ь	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	49,250.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	49,250.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	49,250.
	art XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0 .
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				49,250.
2 Undistributed income, if any, as of the end of 2009				45,2500
a Enter amount for 2008 only			0.	
b Total for prior years:				
g veal is product		0.		
3 Excess distributions carryover, if any, to 2009:			·	
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$0 .				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.		-	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		·	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				49,250.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	•			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009		<u> </u>	<u></u>	5 000 DE (0000)

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Part XV Supplementary Informa		\	· · ·	
3 Grants and Contributions Paid During Recipient	If recipient is an individual	:		
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 Paid during the year	or substantial contributor			
a value doming and year				
NONE				
			1	
	· ·			
7-1-1			▶ 3a	0
Total b Approved for future payment			, , , , , , , , , , , , , , , , , , ,	
• , - - - - - - - - - -				
27027				
NONE				
Total		J	▶ 3b	0
23611 02-02-10			Fr	orm 990-PF (2009

art XVI-A	Analysis	of Income	-Producina	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		444		
a			ļ	<u> </u>	
b	-				
C					
d			1		
e					
_ f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	98.	
4 Dividends and interest from securities			-		_
5 Net rental income or (loss) from real estate:			<u> </u>		
			 		
a Debt-financed property			 -		 ,
b Not debt-financed property			 	. —	
6 Net rental income or (loss) from personal			1		
property			<u> </u>		
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other]	
than inventory			ļ		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			İ		
· ·					
	1				
<u> </u>					
d					
e				00	0.
12 Subtotal. Add columns (b), (d), and (e)		0.			
13 Total. Add line 12, columns (b), (d), and (e)				13	98.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	kemp	ot Purposes	
Line No. Explain below how each activity for which inc			\ contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing to	unds for such purposes).			
· · · · · · · · · · · · · · · · · · ·	_				
					
					
	<u> </u>				
923621 02-02-10					Form 990-PF (2009)

_	ai L AV	Exempt Organi		and mansactions an	d Relationships with Norich	antable	,	
1	Did the		ectly engage in any of the follow	ring with any other organization	described in section 501(c) of		Yes	No
•			(3) organizations) or in section					
а		• • • • • • • • • • • • • • • • • • • •	ation to a noncharitable exempt (l	
_	(1) Ca					1a(1)		X
		her assets				1a(2)		X
h		ransactions:		•		75(5)		
•		les of assets to a noncharital	ble exempt organization			16(1)		X
(2) Purchases of assets from a noncharitable exempt organization								X
		ntal of facilities, equipment,				1b(2) 1b(3)		X
	` '	imbursement arrangements				1b(4)		X
		ans or loan guarantees				1b(5)		X
	• •		mbership or fundraising solicitat	tions		1b(6)		X
	٠,		iling lists, other assets, or paid e			1c		<u> </u>
		•			ys show the fair market value of the goods		ets.	
٠		•		* *	in any transaction or sharing arrangement		0.0,	
		*	other assets, or services receive					
(a)	Line no	(b) Amount involved	(c) Name of noncharital	ble exempt organization	(d) Description of transfers, transactions, ar	nd sharing arr	алдете	nts
			N/A	· = · · · ·				
	ĺ							
	Ì							
		· · · · · · · · · · · · · · · · · · ·						
				-				
				_				
				- -				
	Î							
	Î							
2:	a Is the f	oundation directly or indirec	tly affiliated with, or related to, o	ne or more tax-exempt organiza	itions described			
		•	r than section 501(c)(3)) or in se	· -		Yes	X	No
ı		complete the following sch						_
		(a) Name of org		(b) Type of organization	(c) Description of relation	nship		
		N/A						
		•						
		•						
					nts, and to the best of my knowledge and belief, it	is true, corre	ct,	
	and comp	plete Declaration of preparer (other	er than taxpayer or fiduciary) is based	_				
	_	muy h	$\gamma \gamma \gamma$	9-3-10	Trustee			
ere	Sig	nature of officer or trustee		Date	Title			
Ξ		Preparer's	2000	Day	Check if Prep	arer's identify	ying nun	ıber
Sign Here	Paid Preparer's Use Only	signature Co	all a little	ee CVA 8	25 (8 employed ► □			
-•		Firm's name (or yours WELL		.S., CPAS	EIN ► 91-20	83338		
		if self-employed), 1088	5 NE 4TH ST.,	SUITE 320				
		address, and ZIP code BELI	EVUE, WA 98004			<u>-462-</u>		
						Form 990	-PF	2009)

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

	ADY FOUNDATION O WELLSPRING GROUP P.S., CPAS	27-0400100					
Organization type (check							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule X For an organization contributor. Com	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.						
Special Rules							
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rego(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II						
aggregate contrib	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.						
contributions for If this box is chec purpose. Do not	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because tole, etc., contributions of \$5,000 or more during the year	ngregate to more than \$1,000. Ely religious, charitable, etc,					
Caution. An organization but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line illing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF),					

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

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization

LADY FOUNDATION

C/O WELLSPRING GROUP P.S., CPAS

Employer identification number 27-0400100

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BAGLEY & VIRGINIA WRIGHT 407 DEXTER AVE N SEATTLE, WA 98109	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II rf there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990-PF	INTEREST	ON SA	AVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE								AMOUNT	
MWR #0774									98.
TOTAL TO FOR	M 990-PF,	PART	I, LI	NE 3	, COLUMN A				98.
FORM 990-PF	,	LIST			NTIAL CONT -A, LINE 1	- -	ORS	STATEMENT	2
NAME OF CONT	RIBUTOR				ADDRESS				
BAGLEY & VIR	GINIA WRI	GHT			407 DEXTER SEATTLE, W		- •		

• • Form 886	88 (Rev. 4-2009)		Page 2				
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×	▶ X				
Note. O	nly complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868				
If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).						
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded).				
Type or	Name of Exempt Organization	Empl	oyer identification number				
print	LADY FOUNDATION	_					
File by the	C/O WELLSPRING GROUP P.S., CPAS	-	7-0400100				
extended	Number, street, and room or surte no. If a P O. box, see instructions.	For IF	RS use only				
due date for filing the	10005 NE 41H SIREEL, BOTTE 320						
return See instruction							
Check t	type of return to be filed (File a separate application for each return):						
☐ Fo	orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Fo	rm 5227				
☐ Fo	orm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fc	rm 6069				
STOP!	Oo not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 8868.				
	ANNIE MIKSCH	_					
• The h	pooks are in the care of ► 407 DEXTER AVE N - SEATTLE, WA 98109						
	phone No. ► 206.264.8200 FAX No. ►						
-	organization does not have an office or place of business in the United States, check this box						
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is foi	the whole group, check this				
box 🕨							
	210113173173 4 5 0040						
5 Fc	For calendar year 2009, or other tax year beginning, and ending						
6 If	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
7 St	State in detail why you need the extension						
<u>A</u>	DDITIONAL TIME IS REQUIRED TO ACCUMULATE INFORMATION	TO	PREPARE				
T	HE RETURN.						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
no	onrefundable credits. See instructions	8a	\$ 2.				
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
ta	x payments made Include any prior year overpayment allowed as a credit and any amount paid						
Р	reviously with Form 8868.	8b	\$ 100.				
с В	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit						
w	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0.				
	Signature and Verification						
Under pe it is true,	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowledge and belief,				
Signature	e ▶ Title ▶	Date	•				
			Form 8868 (Rev. 4-2009)				

923832 05-26-09