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# Form 990

## **Return of Organization Exempt From Income Tax**

**୭no** 

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

Open to Public

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2009 calendar year, or tax year beginning Decmeber 22 , 2009, and ending December 31 . 20 09 D Employer identification number C Name of organization GuideStream Charitable Gift Fund B Check if applicable use IRS Doing Business As 1040922 Address change E Telephone number Number and street (or P O box if mail is not delivered to street address) print o Room/suite Name change type PO Box 580, 8050 Spring Arbor Rd (517) 750-2727 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Spring Arbor, MI 49283 Amended return G Gross receipts \$ 42.972 F Name and address of principal officer Timothy J Burkhart (same as "c") Application pending H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? ☐Yes ☐ No If "No," attach a list (see instructions) Website: ▶ www.gscgf.org H(c) Group exemption number L Year of formation 2009 M State of legal domicile MI Part I Summary Briefly describe the organization's mission or most significant activities: GSCGF exists to facilitate charitable giving through the use of donor advised and specific purpose funds. GSCGF also holds endowments for which qualified charitable organizations are beneficiaries. GSCGF also provides services to supporting qualified charitable orgs to manage funds held for the benefit of that qualified charitable organization. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a). . . . . . 4 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 0 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12, 7b b Net unrelated business taxable income from Form 990-T, line 34. 0 Current Year 0 23,686 Contributions and grants (Part VIII, line 1h) 0 33 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11,430 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 35,149 0 28,002 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (A), line 25) ▶

17 Other expenses (Part IX, column (A), line 11e, line 0 0 32 0 28,034 18 Total expenses. Add (res) (3 17, (bust equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 0 7,115 90 **End of Year Beginning of Current Year** 0 3,887,315 20 Total assets (Part X, line 16) . 0 164,418 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 0 3,722,897 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here Signature of officer Type or print name and title Check if Preparer's identifying number Preparer's self-(see instructions) employed ▶ □ signature Paid Preparer's FIN **▶** 73 1317073 Use Only if self-employed address, and ZIP + 4 PO Box 580, Spring Arbor, MI 49283 ▶ (517) 750-2727

Form **990** (2009)

✓ Yes 🗌 No

May the IRS discuss this return with the preparer shown above? (see instructions)

 200	(SUDA)

D	2
Page.	_

Pår	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  No formally adopted mission statement.
	•
2	Did the arganization undertake any againficent program populate during the year which were not listed as
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 8,034 including grants of \$ 8,002 ) (Revenue \$ 8,785 )  Charitable grants made from donor advised accounts:
	GSCGF made 4 charitable grants from 3 different donor advised funds from December 22 to December 31, 2009.
	The revenue generated for the GSCGF from the donor advised accounts included:
	\$ 33 Grant Distribution Fees
	\$ 7,059 Interest & Divds
	\$ 1,693 Net realized gain on sale of securities held in these donor advised accounts
	······
4b	(Code. ) (Expenses \$ 20,000 including grants of \$ 20,000 ) (Revenue \$ 2,678)
	There were no grants made from endowment or specific purpose accounts during December 22 to December 31, 2009  There was 1 grant made from GSCGF operations to charity.
	The revenue generated for the GSCGF from these accounts included:
	\$2,016 Interest & Divds
	\$ 662 Net realized gain on sale of securities held in these endowment & specific purpose accounts
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
<del>_</del>	Total program service expenses > 28 034

Pär	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	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		✓
6	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	6	✓	
7	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	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	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	9	<b>√</b>	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 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, VIII, VIII, IX, or 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, Part VI.			
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		1
404	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated independent audited financial statements for the tay year?  Yes No	12		<b>-</b>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<b>V</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1.70		<b>  *</b>
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		✓
15	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.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	40		
20	If "Yes," complete Schedule G, Part III	20	-	7

Pai	Checklist of Required Schedules (continued)			
	<del>-</del>		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	<b>1</b>	
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		1
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	,	✓
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		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>√</b>
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		✓
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		1
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		✓
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		<b>✓</b>
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	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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> </u>	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ĺ
	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	<b>✓</b>	
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	_		ļ
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			1
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	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		L
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		✓
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		<b>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	-	į	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	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?	8	1	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   11a			
a	Gross income from members or shareholders	1	1	
b	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		<del>                                     </del>

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			,
b	Enter the number of voting members that are independent			
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			l
	supervision of officers, directors or trustees, or key employees to a management company or other person?	_3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	9a		_✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
þ	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	<del> </del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<b></b>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<del></del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	١		1
	rise to conflicts?	12b	<b>✓</b>	$\vdash$
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	,	
	describe in Schedule O how this is done	12c	<b>√</b>	<del></del>
13	Does the organization have a written whistleblower policy?	13	<b>V</b>	<del></del>
14	Does the organization have a written document retention and destruction policy?	14	<b>V</b>	$\vdash$
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
	The organization's CEO, Executive Director, or top management official	15a 15b		\ <u>\</u>
D	Other officers or key employees of the organization	150		<b> </b>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		ŀ	
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	} <i>-</i> -	1
	with a taxable entity during the year?	IUa		
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	Ì		
	the organization's exempt status with respect to such arrangements?	16b	<b></b> -	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)e	Only	
	available for public inspection. Indicate how you make these available. Check all that apply.	دردرد	Unity)	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	proet	
	policy, and financial statements available to the public.	Ç. 1111	UI UOL	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	orde o	f the	
_•	organization. Daniel A. Kurtz, Treasurer, 8050 Spring Arbor Rd, Spring Arbor, MI 49283			

# 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.

✓ Check this box if the organization did not co	mpensate	any o	curre	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Linda J Adams	<1	1						0	0	0
Timothy J Burkhart, President	<1	1		1				leased emplo	leased employ	leased employ
David Goodnight, Chairman	<1	1						0	0	0
Steven D Rick, Secretary	<1	1		1				0	0	0
Edward Lamoreaux	<1	1						0	0	0
Gene E Keene, CEO	<1	1		1				0	0	0
Daniel A Kurtz, Treasurer	<1			1				0	0	0
									l	
	-			Ì						
	-									

Pa	Section A. Officers, Directors, True		Emp	loye			d Hig	nes			<del></del>
	(A)	(B)	<u> </u>		-	C) 			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									!		
										ı	
											:
										<u> </u>	
										1	
1h	Total			<u> </u>				▶			
2	Total number of individuals (including but	not limited	to th		liet	<u>.</u>	ahove	-	no received mo	ore than \$100.00	
-	reportable compensation from the organization	ation ►	10 111	030	1130	cu e	above	,, <b>v</b> v.	io received inc	710 than \$100,00	50 III
										<u> </u>	Yes No
3	Did the organization list any former office	er director	or tr	uste	e l	(ev	empl	ove	e or highest c	ompensated	
-	employee on line 1a? If "Yes," complete S								· · · · ·		3 ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations										
5	individual	or accrue		pen	satı	on '	from	 any	unrelated org		4
	services rendered to the organization? If "	Yes," com	olete	Sch	edu	ıle .	l for s	such	person .	<u>.</u>	5 /
	ction B. Independent Contractors		امدا است							d more than fit	
1	Complete this table for your five highest c compensation from the organization.	ompensate		epe	ende	ent	CONTR	T	rs that receive	more than \$1	
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
No	ne							-			
								$\vdash$		-	
		•						$\dagger$			
2	Total number of independent contractors (						those	list	ed above) who	received	

Pårt	VIII	Statement of Re	venue					·····	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a					312, 313, 31
Contributions, gifts, grants and other similar amounts		Membership dues		1b					
				1c					
gif ar		Related organizations		1d					
ns,		Government grants (contri	ibutions).	1e					
utio	f	All other contributions, gifts, g	grants,						
et ij		and similar amounts not inclu-		1f	23,686				
a d		Noncash contributions include	ed in lines 1a-1	f: \$	0				
	n	Total. Add lines 1a-1f			Business Code	23,686			
Program Service Revenue	_	Grant Distribution Fe	<b>0</b> C		561000	33	33		
eve	2a		*		36 1000	33			
9	b	***************************************							
Ř	C								
Ň	de								
gra		All other program servi							
F.	g	Total. Add lines 2a-2f			🕨	33			
	3	Investment income (incother similar amounts)				9,075	9,075		
	4	Income from investment of							
	5	Royalties							
			(i) Real		(ii) Personal				
	l	Gross Rents							
		Less: rental expenses							
	4	Rental income or (loss)  Net rental income or (lo			<b>•</b>				
	}		(i) Securitie		(II) Other				
	7a	Gross amount from sales of assets other than inventory	,,	),178	(ii) Other				
		•		,,					
	0	Less. cost or other basis and sales expenses .	7	,823					
	C	Gain or (loss)	2	2,355					
		Net gain or (loss)			🕨	2,355	2,355		
Revenue	8a	Gross income from events (not including \$							
ě		of contributions reported							
	İ	See Part IV, line 18		· a					1
Other	b	Less: direct expenses		b	L				
0	C	Net income or (loss) from	om fundrais	sing e	vents ▶		<del> </del>		
	9a	Gross income from gam	ning activitie	es.					
	_	See Part IV, line 19 Less: direct expenses.							
		Net income or (loss) from			ities ►	<u></u>			
	1	Gross sales of inve					<del></del>		
		returns and allowances							
	Ь	Less: cost of goods so							
	С	Net income or (loss) from		nvent	ory ▶				
		Miscellaneous Rev			Business Code				
	11a	ı							<del> </del> -
	b	)							
	C				-				
	d					0			+
	12	Total. Add lines 11a-1 Total revenue. See ins				35,149	11,463		_ :
						00,140	11,400	l .	<u> </u>

# Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	28,002	28,002							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members .									
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):									
а	Management	32		32						
	Legal									
C	Accounting									
	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees				<del> </del>					
g	Other									
12	Advertising and promotion	-								
13	Office expenses			•						
14	Information technology									
15	Royalties									
16	Occupancy									
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.									
23	Insurance									
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	28,034	28,002	32						
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.									

Part X	Balance Sheet		_	
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	31,898
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	<u> </u>
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
왕 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use		8	
<b>⋖</b>   9	Prepaid expenses and deferred charges	~~~	9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b		10c	·
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	•
13	Investments—program-related. See Part IV, line 11		13	3,691,099
14	Intangible assets	<u>-</u> .	14	• • •
15	Other assets See Part IV, line 11		15	164,318
16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	3,887,315
17	Accounts payable and accrued expenses	-	17	100
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
စ် 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	164,318
Liabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<b>=</b>	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	-	24	
25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>
26	Total liabilities. Add lines 17 through 25	0	26	164,418
lces	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>E</u> 27	Unrestricted net assets	0	27	-38,179
മ് 28	Temporarily restricted net assets	0	28	3,243,932
29	Permanently restricted net assets	0	29	517,144
Net Assets or Fund Balances 32 22 33 33 33 33 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
क् 30	Capital stock or trust principal, or current funds		30	
χ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ 32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ 33	Total net assets or fund balances	0	33	3,722,897
<u> </u>	Total liabilities and net assets/fund balances	0	34	3,887,315

n /20	mai
	10 (20

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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 consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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		✓
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**

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.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **GuideStream Charitable Gift Fund** 1040922 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e 

By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Yes No Yes No No Total

Pai	Support Schedule for Org (Complete only if you check					and	170(b)(1	)(A)(vi)
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						23,686	23,686
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3						23,686	23,686
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							21,065
6	Public support. Subtract line 5 from line 4.							2,621
Sec	tion B. Total Support	· · · · · ·						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
7	Amounts from line 4						23,686	23,686
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						9,075	9,075
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		II.				0	0
11	Total support. Add lines 7 through 10		}					32,761
12	Gross receipts from related activities, etc	(see instructi	ons)			12		42,972
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	n, or fifth tax y	ear a	s a section	n 501(c)(3)
	tion C. Computation of Public Su	•	<b>_</b>	4 1 (0)			1	
14	Public support percentage for 2009 (line		-	* * * * * * * * * * * * * * * * * * * *		14	ļ	%
15	Public support percentage from 2008 Sci					15		<u>%</u>
16a	33½ % support test—2009. If the organiand stop here. The organization qualifies							
b	33% % support test—2008. If the organization quality box and stop here. The organization quality							
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Expl	ain in Part	IV how the _
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the facts-and-circumstances"	facts-and-circur ances" test. The	mstances" test, e organization qu	check this box alıfies as a publi	and <b>stop here.</b> cly supported o	Expla rganiza	in in Part	IV how the
18	Private foundation. If the organization did	not check a b	ox on line 13, 16	oa, 160, 17a, or	1/b, check this	box a	nd see inst	ructions 🕨 🗀

	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)						
	tion A. Public Support				-		
Ca	alendar 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 business under section 513						
4	Tax revenues levied for the organization'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			-	<u></u>		+
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						
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from						
Sec	tion B. Total Support		1				_1
$\overline{}$	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(-,	(2) 2000	(6, 255)	(2) 2000	(0) 2005	(i) rotal
_	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						
11	Add lines 10a and 10b	-181-					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t					-	
800	organization, check this box and stop l			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · ·	<u> </u>	▶ ∟
	etion C. Computation of Public Su	·		<del></del>		T 1	
15 16 Sec	Public support percentage for 2009 (lin Public support percentage from 2008 Stion D. Computation of Investmen	Schedule A, Pa	art III, line 15	ne 13, column		15	%
	· · · · · · · · · · · · · · · · · · ·					127	
17	Investment income percentage for 2009					17	
18	Investment income percentage from 20						
198	33\% % support tests - 2009. If the orga						

33½% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Fo	Schedule A (Form 990 or 990-EZ) 2009			
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.			
•••••				
•••••				
•••••				

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

	deStream Charitable Gift Fund		27 : 1040922
		nor Advised Funds or Other Similar	1 , 13 13 3
ı a	the organization answered "Yes	" to Form 990 Part IV line 6	runus of Accounts. Complete ii
	and digameation and order 100	(a) Donor advised funds	(b) Funds and other accounts
	Total number of and of year	55	7
1	Total number at end of year	23.686	0
2	Aggregate contributions to (during year)	8,002	0
3 4	Aggregate grants from (during year) . Aggregate value at end of year	2,964,411	279,522
5	Did the organization inform all donors and	<u> </u>	hold in depar advised
3	funds are the organization's property, subj	ect to the organization's exclusive legal of	control?
6	Did the organization inform all grantees, dused only for charitable purposes and not		
	purpose conferring impermissible private t		
Pai	rt II Conservation Easements. Com	olete if the organization answered "Yes	
1	Purpose(s) of conservation easements held	by the organization (check all that apply	<i>(</i> ).
	Preservation of land for public use (e.g		ion of an historically important land area
	☐ Protection of natural habitat	· · · -	tion of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year.	ation held a qualified conservation contrib	oution in the form of a conservation
	•		Held at the End of the Tax Year
а	Total number of conservation easements.		
b	Total acreage restricted by conservation e		
c	Number of conservation easements on a conservation		
d	Number of conservation easements includ	, ,	
3	Number of conservation easements modifi	,, ,	• •
	the tax year ▶	_	
4	Number of states where property subject		
5	Does the organization have a written polic violations, and enforcement of the consent		ection, handling of Yes No
6	Staff and volunteer hours devoted to mon	toring, inspecting, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring  \$ \\$	g, inspecting, and enforcing conservation	easements during the year
_		d and long Of the control of the control	
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, to	reports conservation easements in its re-	venue and expense statement, and
	the organization's accounting for conserva		i s inanciai statements that describes
Pai	t III Organizations Maintaining Coll	ections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answ	wered "Yes" to Form 990, Part IV, line 8	3.
4-	If the executation elected as a substitution in	-d 05A0 110	
та	If the organization elected, as permitted un art, historical treasures, or other similar ass provide, in Part XIV, the text of the footno	ets held for public exhibition, education, or	r research in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to	held for public exhibition, education, or i	
	(i) Revenues included in Form 990, Part \		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simi	lar assets for financial gain, provide the
9	Revenues included in Form 990, Part VIII,	<del>_</del>	
	Assets included in Form 990, Part VIII,	mic i , , , , , , , , , , , , , , , , , ,	

Page	2

-	t III Organizations Maintain	ing Collections of	of Art, Historica	l Treasures,	or Ot	her Similar A	ssets (c	ontinued)
3	Using the organization's acquisition collection items (check all that appl		ther records, che	ck any of the f	ollowi	ng that are a s	ignificant	use of its
а	Public exhibition		d 🗌 L	oan or exchan	ge pro	ograms		
b	Scholarly research			Other				
С	Preservation for future general	tions						
4	Provide a description of the organize Part XIV.		and explain hov	they further the	ne org	ganızatıon's ex	empt pur	pose in
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Par	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
	la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
þ	If "Yes," explain the arrangement in	Part XIV and com	plete the followi	ng table:				
					4 -	<i></i>	Mount	
	Beginning balance				1c			462.477
	Additions during the year				1d			163,177
	Distributions during the year				1e			464 240
	Ending balance	· · · <u>·</u> · · <u>·</u>			1f			164,318
b	Did the organization include an am If "Yes," explain the arrangement in	Part XIV.					<b>√</b> Y	
Par	t V Endowment Funds. Co							
		(a) Current year	(b) Prior year	(c) Two years ba	ack (	d) Three years bac	k (e) Four	r years back
1a	Beginning of year balance	0	0					<del> </del>
b	Contributions	517,144	0					
С	Net investment earnings, gains, and losses		0					
d	Grants or scholarships		0					
е	Other expenditures for facilities							
	and programs		0					
	Administrative expenses		0					
g	End of year balance	517,144	0					
2	Provide the estimated percentage of	of the year end bal	lance held as:					
а	Board designated or quasi-endown	nent ▶	%					
b	Permanent endowment ►							
С	Term endowment ▶ 9	6						
3a	Are there endowment funds not in the	ne possession of th	e organization that	at are held and	admir	nistered for the		
	organization by:						<b>a</b>	Yes No
	(i) unrelated organizations						3a(i)	<b>√</b>
	(ii) related organizations						3a(ii)	- ✓
4	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u						3b	
-	t VI Investments—Land, B				+ V 1.	20 10		
Fai								
	Description of investment	(a) Cost or ot (investm		est or other as (other)		ccumulated preciation	(d) Boo	ok value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
<u>e</u>	Other					,		
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, column	(B), line 10(c).)	<u></u>	▶		

Part VII Investments—Other Securities	See Form 990 Part X	line 12	rage <b>U</b>
(a) Description of security or category	(b) Book value	(c) Method of valua	ution
(including name of security)		Cost or end-of-year man	
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		· ·
Part VIII Investments—Program Relate	d. See Form 990. Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation.
(a) Description of investment type	(b) book value	Cost or end-of-year ma	
Common Stocks	321,668	End of year market value	<del></del>
Mutual Funds		End of year market value	
Money Markets/Cash Equivalents		End of year market value	
Muni Bonds		End of year market value	
Hess Corp Receivable	135,115	PV of receivable	<del>-</del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	3,691,099		
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
Custodial Funds Held for Others: Various Mutual Funds			
			163,064
Cash/Cash Equivalents			1,254
			<del></del>
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15 )		164,318
Part X Other Liabilities. See Form 990,			•
1. (a) Description of liability	(b) Amount		•
Federal income taxes			
		_	
		_	
		_	
		_	
		_	
Table (Octoor A) and a suffer con Date of the control of the contr			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<u> </u>	<u> </u>	

		_
_	Pag	e <b>4</b>
-		
n		
••		—

	fule D (Form 990) 2009		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<u> </u>
•	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		Heturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	-	
þ	Definited delivious and use of facilities	-	
C	resources of prior year grants	-	
d		-	4
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	_ <u> </u> ³	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 990, Fait VIII, line 70	-	
b	Other (Describe in Part XIV.)	4c	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	T XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
1	Total expenses and losses per audited financial statements	1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
-	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)	٦	
е	Add lines 2a through 2d	2€	
3	Subtract line 2e from line 1	3	
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.)		_
C	Add lines 4a and 4b		
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
`	t XIV Supplemental Information		<del></del>
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a		
	part to provide any additional information.		
Scl	nedule D, Page 2, Part IV, Line 2b: GSCGF is manager of 4 funds held for the benefit of an e	ducat	ional institution. The
tot	al of these funds at the end of the year was \$164,318. GSCGF also performs various service	es for	this institution
to	ncrease charitable donations to this qualified organization.		
Sci	hedule D, Page 2, Part V, Line 4: GSCGF has 4 endowment accounts for which principal will	be ho	eld in perpetuity.
Th	e net income from these endowments pays to qualified charitable organizations throughout	the y	ar.

Schedule D (For	990) 2009 Page
Part XIV	Supplemental Information (continued)
•••••	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2009

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

 $oldsymbol{\Sigma}$ ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 1040922 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 27 . . (f) Method of valuation (book, FMV, appraisal, other) . . The serection criteria used to award the grafts of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . . (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (b) EIN Enter total number of other organizations GuideStream Charitable Gift Fund 1 (a) Name and address of organization or government Name of the organization Part II

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants a

	(b) Number of	(c) Amount of	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
l					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	this part to pro	ovide the information	on required in Part	I, line 2, and any other	additional information.
					Schedule I (Form 990) 2009

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Transactions With Interested Persons ▶ Complete if the organization answered

► 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.

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

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number **GuideStream Charitable Gift Fund** 1040922 27 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (f) Approved (g) Written (b) Loan to or from (d) Balance due (e) In default? (c) Onginal by board or committee? the organization? principal amount agreement? То From Yes Nο Yes No Yes No Total \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction interested person and the transaction organization's organization revenues? No Yes Timothy J Burkhart President 5,000 contrib. to donor adv fund **David Goodnight** Chairman of Board 5.000 contrib. to donor adv fund

## SCHEDÙLE O (Form 990)

# **Supplemental Information to Form 990**

ic questions on

Employer identification number

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

GuideStream Charitable Gift Fund	27	1040922		
Form 990, Part III, Page 2: Effective December 21, 2009, the Board of Directors elected to	volunt	arily terminate the		
operations of the King Trust Charitable Gift Fund transfer all assets and liabilities to this	succes	sor organization, the		
GuideStream Charitable Gift Fund, a 501(c)(3) organization, EIN #27-1040922 established	Octobe	er 2009.		
Net Assets totalling \$3,710,410 were transferred to the successor org from predecessor.				
Form 990, Part VI, Section B, Line 11A: Process for reviewing this Form 990:		•••••		
This Form 990 has been prepared by a CPA and reviewed by another CPA, the GSCGF Tro	easurei	r, President and Board of		
Directors.				
Form 990, Part VI, Section B, Line 12(c): Explanation of Conflict of Interest Policy monitor	ing. E	ach year, usually in March,		
each officer, board member, and contracted employee reads and completes a Conflict of	Interes	t disclosure questionaire		
and also signs a Code of Ethics statement. These disclosures and statements are retained	ed in G	SCGF permanent records.		
Form 990, Part VI, Section C, Line 19: Management intends for basic info for GSCGF to b	e made	public on GuideStar. The		
GSCGF governing documents, conflicts of interest policy, Form 990 and other financial information pieces are available by				
request at its offices in Spring Arbor, MI, in care of Daniel A Kurtz, Treasurer.				
	•••••			