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Department of the Treasury

Internal Revenue Service

# SCANNED AUG 12 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

For	caler	idar year 2009, or tax year beginning	)		, and ending		
G	Check	all that apply: Initial retur	n	Initial return of a fo	rmer public charity	Final return	]
		Amended	return	Address chan	ge 🔲	Name change	
Hed	the	Name of foundation				A Employer identification	number
	label						
	ierwi	L	ndation	Inc.		31-1771315	
	print	Number and street (or P O box number	er if mail is not di	elivered to street address)	Room/suite	B Telephone number	
	r type	LUJJ DUVCHULY I	ane			614-267-26	00
	Spe		)			C If exemption application is p	ending, check here
Inst	ructio	Powell, OH 430	65			D 1 Foreign organization:	
H (	Check	type of organization: X Section	n 501(c)(3) ex	kempt private foundation		2 Foreign organizations me check here and attach co	eeting the 85% test, proputation
	] Se	ction 4947(a)(1) nonexempt charitable	e trust	Other taxable private founda	tion		
1 Fa	air ma	arket value of all assets at end of year	J Accounts	ing method: X Cash	Accrual	E If private foundation sta under section 507(b)(1	(A), check here
(fi	rom i	Part II, col. (c), line 16)		ther (specify)		F If the foundation is in a	
•	\$	61,732.	(Part I, colu	mn (d) must be on cash b	pasis.)	under section 507(b)(1	
Pa	art I	Analysis of Revenue and Expenses	}	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), ar necessarily equal the amounts in column (	a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., rece	ived	143,254.		N/A	
	2	Check In the foundation is not required	to attach Sch B				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	S	935.	935.		Statement 1
	5a	Gross rents					
	Ь	Net rental income or (loss)					
4	6a	Net gain or (loss) from sale of assets not on	line 10	5,138.			
Ž	Ь	Gross sales price for all assets on line 6a 16	,681.				
Revenue	7	Capital gain net income (from Part IV, line 2)			5,138.	RECE	VED
æ	8	Net short-term capital gain				1	AFD 1
	9	Income modifications				180	70
	10a	Gross sales less returns and allowances				Sc AUG 02	2010 8
	Ь	Less Cost of goods sold					0
	C	Gross profit or (loss)				OGDEA	112 E
	11	Other income					, 01
	12	Total Add lines 1 through 11		149,327.	6,073.		
	13	Compensation of officers, directors, trustees	s, etc	0.	0.		0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
ses	16a	Legal fees					
둤	ь	Accounting fees St	mt 2	200.	200.		0.
Exp	C	Other professional fees					
š	17	Interest			·-····································		
Operating and Administrative	18	Taxes St	mt 3	48.	48.		0.
nist	19	Depreciation and depletion					
Ē	20	Occupancy					
¥	21	Travel, conferences, and meetings					
auc	22	Printing and publications					
Ę.	23	Other expenses					
rati	24	Total operating and administrative					
bei		expenses. Add lines 13 through 23		248.	248.		0.
J	25	Contributions, gifts, grants paid		81,500.			81,500.
	26	Total expenses and disbursements.		[			
	<u> </u>	Add lines 24 and 25	_	81,748.	248.		81,500.
	27	Subtract line 26 from line 12:					
	i .	Excess of revenue over expenses and disbu		67,579.	<del></del>		
	b	Net investment income (if negative, ent	er -0-)		5,825.		
0225		Adjusted net income (if negative, enter				N/A	- 000 55
9235	2 10	LHA For Privacy Act and Paperwo	ork Reduction	Act Notice see the instructi	ions		Form <b>990-PF</b> (2009)

1 01	111 98	The wyland roundation,	Inc.		1//1315 Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	<u> </u>
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	ì	Cash - non-interest-bearing		40.075	
		Savings and temporary cash investments	505.	12,873.	12,873.
	3	Accounts receivable	1		
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	1		
	l	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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	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			
		Land, buildings, and equipment basis		<del>-</del> .	
		Less accumulated depreciation	1 1		
	15	Other assets (describe ► Mutual Funds )	0.	48,859.	48,859.
	"			20,000	=0,000
	16	Total assets (to be completed by all filers)	505.	61,732.	61,732.
_		Accounts payable and accrued expenses	303.	01,752.	01,104.
	18	Grants payable			
(A	19	Deferred revenue			
Liabilities					
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable  Other liabilities (describe ▶ )			
	44	Other Hadrings (nesource			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Foundations that follow SFAS 117, check here	0.		
		and complete lines 24 through 26 and lines 30 and 31			
S	94	•	505.	61 722	
Net Assets or Fund Balances	24	Unrestricted Tampararily restricted	303.	61,732.	
ala	25	Temporarily restricted			
g p	26	Permanently restricted	<del> </del>		
Ş		Foundations that do not follow SFAS 117, check here			
Pr F		and complete lines 27 through 31			
its (	27	Capital stock, trust principal, or current funds	-		
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ę	29	Retained earnings, accumulated income, endowment, or other funds	<del></del>		
Š	30	Total net assets or fund balances	505.	61,732.	
_	31	Total liabilities and net assets/fund balances	505.	61,732.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
_		<del></del>	20	<del></del>	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		F 0 F
	•	t agree with end-of-year figure reported on prior year's return)		1	505.
		amount from Part I, line 27a		2	67,579.
		rincreases not included in line 2 (itemize)	<del>-</del>	3	0.
		ines 1, 2, and 3			68,084.
		eases not included in line 2 (itemize)		tement 4 5	6,352.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	61,732.
					Form <b>990-PF</b> (2009)

Part IV Capital Gains a	and Losses for Tax on Ir	nvestmen	t Income					
(a) List and descr 2-story brick wai	ibe the kind(s) of property sold (e.grehouse; or common stock, 200 sh	o., real estate, s. MLC Co.)	_	1 · P ·	low acquired - Purchase - Donation	(c) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a 104.183 shs Han	rding Loevner Em	erging			P			12/14/09
	Tr Russell 1000				P			12/16/09
c 140 shs IShares	s Tr Russell 200	0			P			12/16/09
_d				<u> </u>				
e	·			<u> </u>				<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				n or (loss (f) minus	(g)
a 4,460.			2,96					1,496.
b 3,827.		ļ	2,74					1,084.
c 8,394.		ļ	5,83	6.				2,558.
d	· · · · · · · · · · · · · · · · · · ·							
e		the formedation	10/01/00		<del></del>			<del></del>
Complete only for assets snowing	g gain in column (h) and owned by					(I) Gains (Co ol. (k), but no		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)		•		from col. (	
	23 01 12/0 1/03		Co. (j), ii diiy					1 406
<u>a</u> .					<del></del>			1,496.
<u>b</u>								1,084. 2,558.
C				+				4,336.
d				-	<del></del>		<del></del>	
e		L		$\overline{}$				
2 Capital gain net income or (net cap	oital loss) { If gain, also enter of the loss of the l			<u>}</u>	2			5,138.
3 Net short-term capital gain or (loss	•			1				
If gain, also enter in Part I, line 8, o		(0).		)				
If (loss), enter -0- in Part I, line 8				<u> </u>	3		N/A	·
Part V   Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	estment In	come		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come.	.)			
If continue 4040(d)(2) applies Jacus th	is part blank							
If section 4940(d)(2) applies, leave th	is part blank.							
Was the foundation liable for the section	on 4942 tax on the distributable an	nount of any ye	ear in the base per	lods				Yes X No
If "Yes," the foundation does not quali								
1 Enter the appropriate amount in e	ach column for each year; see instr	uctions before	making any entrie					(4)
(a) Base period years	Adjusted qualifying dis	tributions	Net value of no	(c)	table-use acce	.   .		(d) outlon ratio
Calendar year (or tax year beginnin	g in) Aujusted qualifying dis		Net value of no	пспап			col. (b) div	rided by col. (c))
2008		1,800.			2,43			.740436
2007		0,128.			23,04			3.477023
2006	2	6,218.			<u> 15,20</u>		<del></del>	1.724528
2005		1,000.			14,32			.069832
2004	<u></u>	1,750.			14,57	2.		.120093
								C 131013
2 Total of line 1, column (d)				_		2		6.131912
3 Average distribution ratio for the 5	· ·	on line 2 by 5,	or by the number	of yea	ırs			1 226202
the foundation has been in existen	ce if less than 5 years					3		1.226382
								C 101
4 Enter the net value of noncharitable	e-use assets for 2009 from Part X,	line 5				4		6,101.
								7 400
5 Multiply line 4 by line 3						5		7,482.
								<b>50</b>
6 Enter 1% of net investment incom-	e (1% of Part I, line 27b)					6		58.
								B 540
7 Add lines 5 and 6						7		7,540.
Enter qualifying distributions from	Part VII line 4							81,500.
8 Enter qualifying distributions from		1h and	late that set	0 0 404	tov rote	8		01,300.
See the Part VI instructions.	line 7, check the box in Part VI, line	io, and comp	nete that part using	y a 1%	o tax rate.			

	990-PF (2009) The Wyland Foundation, Inc.			31-	<u> 17713</u>	<u>15</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a	a), 4940(b), 4	<del>1940(e), or 4</del>	948 -	see in	stru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter	r "N/A" on line 1.	J					
	Date of ruling or determination letter: (attach copy of letter if necess		ions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1 1				58.
	of Part I, line 27b							
ĉ	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	Part I, line 12, co	ok (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other			2				0.
	Add lines 1 and 2	,		3				58.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	rs enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,		5				58.
	Credits/Payments:							
		6a						
		6b		1				
		6c		1				
	,	6d						
	Total credits and payments. Add lines 6a through 6d	<u> </u>		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attache	d		8				<del></del>
		Statemer	nt 5 ▶	9				58.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Deacemen		10				<del>50.</del>
	• •		Refunded	11				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► rt VII-A   Statements Regarding Activities		Relulided	!!				
		an or did it cortion	nata or inteniona	·D			Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislatic any political campaign?	on or the it parties	pate of intervene	Ш	-	•	103	X
	313 313	/acc instructions	for definition)?		_	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	•	-	<b></b>	_	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any ma	tenais publisne	a or				
	distributed by the foundation in connection with the activities.					.		37
	Did the foundation file Form 1120-POL for this year?				-	1c		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		0					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	e tax imposed on	toundation					
	managers. ▶ \$							37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•			F	2		<u>X</u>
_	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 instr	rument, articies o	t incorporation, c	r				37
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				-	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			3.7	_	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?			N,	/A	4b		32
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				-	5		<u>X</u>
_	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	r:						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory discount in the state of t	rections that con	flict with the state	law				
_	remain in the governing instrument?				-	6	X	
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	_						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b></b>				Ì		
	ОН			•			ļ	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attori	ney General (or d	esignate)			_		
	of each state as required by General Instruction G? If "No," attach explanation				L	8b	_X_	<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section	*** *	942(j)(5) for cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," com	•			<u> </u>	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule lis	sting their names and	d addresses			10		X
					Form	990	-PF (	2009)

4a

X

🗌 Yes 🗶 No

N/A

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

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

Form 4720, to determine if the foundation had excess business holdings in 2009)

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

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

during the year?

orm 990-PF (20		Inc.	5	31-1771	<u>315</u>	Page <b>6</b>
	Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	nued)		
	year did the foundation pay or incur any amount to:	100 4045(0))0		es X No		
	on propaganda, or otherwise attempt to influence legislation (sect ce the outcome of any specific public election (see section 4955);			es Lal No		
• •		, or to carry on, directly or indire		es 🗓 No	l	
•	ter registration drive?	002		es X No	!	}
. ,	e a grant to an individual for travel, study, or other similar purposi		T	es LALINO	1	ļ
• •	e a grant tu an organization other than a charitable, etc., organizat	ion described in Section		es X No		-
	(1), (2), or (3), or section 4940(d)(2)?	av er aducational aurages er i		מא בבו ציי		
• •	e for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or i		es X No	ĺ	
•	vention of cruelty to children or animals? er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	ander the everetions described		es LALINO		
-		<u>.</u>	in negulations	NT / 7	E.	
	4945 or in a current notice regarding disaster assistance (see inst	•		N/A	5b	
-	ns relying on a current notice regarding disaster assistance check		and			
	er is "Yes" to question 5a(4), does the foundation claim exemption		,	es 🔲 No	l	
•	responsibility for the grant?		[/A	es 🔲 No 📗	ŀ	
	ttach the statement required by Regulations section 53 49			i		
	ndation, during the year, receive any funds, directly or indirectly, t	o pay premiums on		es X No		
	penefit contract? Indation, during the year, pay premiums, directly or indirectly, on a		<b>Y</b>	ן מאנבט פּבּ	C.	\ \ <b>\</b>
-	6b. file Form 8870.	i personal benefit contract?		•	6b	<u> </u>
	•	obaltor transaction?		es X No	i	
•	during the tax year, was the foundation a party to a prohibited tax		TI	N/A	76	
	ne foundation receive any proceeds or have any net income attribition Information About Officers, Directors, Trus		nagers Highl		7b	
Part VIII	Paid Employees, and Contractors		mayers, mym	y 		
1 List all offic	ers, directors, trustees, foundation managers and the					
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(	e) Expense count, other
	(a) Name and address	to position	enter -0-)	and deferred compensation	1 2	illowances
James H.	Wyland	_President/Tre	asurer			
<u>1655 Dav</u>	ventry Lane		-			
	OH 43065	1.00	0.	0	<u>.                                    </u>	0.
Donna S.	Wyland	_Vice Presiden	t/Secreta	ry		
<u>1655 Dav</u>	ventry Lane		1			
Powell,	OH 43065	0.00	0.	0	•	<u> </u>
					1	
2 Compensat	tion of five highest-paid employees (other than those in		enter "NONE."	(d) Contabutions to	<del></del>	· F · · · · · · ·
(a) Nam	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ac	e) Expense count, other illowances
NC	ONE	GOVERN TO POSITION		compensation	† •	
					1	<del></del>
		7			ł	
	· · · · · · · · · · · · · · · · · · ·	<del></del>				<del></del>
		1				
		<del>                                     </del>			<b>†</b>	<del></del>
		7				
					+	
		$\dashv$				
Total number of	other employees hald over \$50,000					0

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	5.223.
D		1b	5,223. 971.
Ĝ		1c	
d	Total (add lines 1a, b, and c)	1d	6,194.
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	6,194.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	93.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,101.
6	Minimum investment return. Enter 5% of line 5	6	305.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	305.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	58.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	247.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	247.
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	247.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		04 500
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	81,500.
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:	_	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	01 500
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	81,500.
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	58.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	81,442.

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

<del></del>	(-)	4.	(-)	1.5
	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		1 0410 \$1101 10 2000	2000	2003
line 7				247.
2 Undistributed income, if any, as of the end of 2009				241.
a Enter amount for 2008 only			0.	
b Total for prior years:				
g rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 1,027.				
b From 2005 290.				
c From 2006 25,622.				
d From 2007 79,420.				
e From 2008 1,678.				
f Total of lines 3a through e	108,037.			
4 Qualifying distributions for 2009 from		,		-
Part XII, line 4: ► \$ 81,500.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		!	
d Applied to 2009 distributable amount				247.
e Remaining amount distributed out of corpus	81,253.		-	23/•
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount				•
must be shown in column (a) )  6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	189,290.			
b Prior years' undistributed income. Subtract	100,200.		<del></del>	
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.	<u> </u>
f Undistributed income for 2009. Subtract				_
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	1,027.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	188,263.			
10 Analysis of line 9:		1		
<b>a</b> Excess from 2005 290.				
<b>b</b> Excess from 2006 25,622.		i		
c Excess from 2007 79,420.				
d Excess from 2008 1,678.				
e Excess from 2009 81, 253.				Form 900-PF (2000)

Part XIV   Private Operating Fo	and Foundations		II.A. question (1)		1-1771315	Page 1
				N/A		
1 a If the foundation has received a ruling or foundation, and the ruling is effective for						
b Check box to indicate whether the foundation			→ L_	4942(j)(3) or	4942(1)(5)	
	Tax year	ing fourtoation described	Prior 3 years		4942(1)(5)	
2 a Enter the lesser of the adjusted net	(a) 2009	(b) 2008	(c) 2007	(d) 200	6 (e) To	otal
income from Part I or the minimum		(1) 2000	(0) 2001	(4) 200	(6) 10	
investment return from Part X for						
each year listed			<del> </del>		<del></del>	
<b>b</b> 85% of line 2a		<del></del>	<del></del>	<del></del>	<del></del>	
c Qualifying distributions from Part XII,						
line 4 for each year listed		<del>-</del>				
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c		<u> </u>				
3 Complete 3a, b, or c for the alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying				1		
under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on						
securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt					·	
organizations as provided in section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from			<del>                                     </del>			
an exempt organization			İ			
(4) Gross investment income				<del></del>		
Part XV Supplementary Infor	mation (Comple	ete this part only	if the foundat	tion had \$5,000	or more in ass	ets
at any time during th						
1 Information Regarding Foundation	Managers:					
a List any managers of the foundation who	have contributed more	than 2% of the total con	tributions received b	y the foundation befor	e the close of any tax	
year (but only if they have contributed mo	re than \$5,000). (See	section 507(d)(2).)		•	•	
James H. Wyland						
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large	portion of the ownersh	np of a partnership or	
None						
2 Information Regarding Contributio	n. Grant. Gift. Loan	. Scholarship, etc., P	rograms:	··· -		
Check here X if the foundation on the foundation makes gifts, grants, etc. (s	y makes contributions	to preselected charitable	organizations and d	oes not accept unsolic	ited requests for funds	i. If
a The name, address, and telephone number	<del></del>			,	, -,	
a The hame, address, and elephone hambe	or the person to who	m applications should be	audiesseu.			
			<del></del>			
b The form in which applications should be	submitted and informa	ation and materials they s	hould include:			
c Any submission deadlines:						== <del>==</del>
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	, kinds of institutions	s, or other factors:		
923601 02-02-10	<del></del>				Form <b>990-F</b>	<b>2F</b> (2009)

Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<u> </u>
a Paid during the year Fellowship of Christian Athletes 3701 Leeds Rd Kansas City, MO 64129	None	501(c)(3)	Religious	71,500
Opportunity International 2122 York Rd Oak Brook, L 60523	None	501(c)(3)	Community	10,000
Total		<u> </u>	► 3a	81,500
b Approved for future payment			- J	01/350
None				

Form **990-PF** (2009)

923611 02-02-10

Part YVI-A	Analysis of Income-Producing Activities
I GIL ATI A	Analysis of moonie i readening notivities

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		ed by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Exclu-	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Aillount	interior medine
a	-				<del></del>
b		<del></del>	+ +		
<u> </u>			<del></del>		
d		<del> </del>			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	935.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	5,138.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:			T		
a					
b					
C	1 1				
d					
e					·
2 Subtotal. Add columns (b), (d), and (e)			).	6,073.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	6,073
(See worksheet in line 13 instructions to verify calculations.)	)				

### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2009)

923621 02-02-10

in section 50 f(c) of the code (other than section	1011 30 1(c)(3)) of all section 327?	Yes A N
b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjun declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, President Signature of officer or trustee Check If pour B. Dourse CAD self-7.22-10 Preparer's Use Only sidpature employed > WealthStone Tax Advisors EIN > Firm's name (or yours

5000 Horizons Drive

Columbus, OH 43220

Phone no. <u>614-267-2600</u> Form **990-PF** (2009)

if self-employed),

### Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization	1	Employer identification number
T	he Wyland Foundation, Inc.	31-1771315
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	
•	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II	n money or property) from any one
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 (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of t (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	-
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one co outions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, litera 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 couse exclusively for religious, charitable, etc., purposes, but these contributions did not ked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the <b>General Rule</b> applies to this organization becausele, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000 sively religious, charitable, etc ,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedu n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on lin ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
LHA For Privacy Act and	I Paperwork Reduction Act Notice, see the Instructions Schedu	le B (Form 990, 990-EZ, or 990-PF) (2009)

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

Name of organization

Employer identification number

THE WYIAHU FOUNDALION, INC.	The	Wvland	Foundation	. Inc.
-----------------------------	-----	--------	------------	--------

31-1771315

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	James H. Wyland  1655 Daventry Ln  Powell, OH 43065	\$\$68,635.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	James H. Wyland  1655 Daventry Ln  Powell, OH 43065	\$66,160.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	James H. Wyland  1655 Daventry Ln  Powell, OH 43065	\$\$.	Person Payroll Noncash X (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 Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-0	1.10	\$Schedule B (Form 9	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

### The Wyland Foundation, Inc.

31-1771315

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	104.183 shs Harding Loevner Emerging markets Fd; 1,132 shs iShares Tr MSCI EAFE Fd	s143,254.	12/07/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	78 shs iShares Tr Russell 1000 Growth; 1,024 shs iShares Tr Russell 1000 Index Fd	\$66,160.	12/07/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	7140 shs iShares Tr Russell 2000 Index Fund	\$8, <b>4</b> 59.	12/07/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Form 990-PF Dividen	ds and	Inter	est :	from	Secu	rities	Statement	1
Source		Gross	Amoı	unt		ital Gains ividends	Column (A	7)
Schwab Account	-			935.		0.	9	35.
Total to Fm 990-PF, Part I,	ln 4		(	935.		0.	9	35.
Form 990-PF	Ac	counti	ng Fe	ees			Statement	2
Description	Expe:	a) nses Books		(b) Inve	est- come	(c) Adjusted Net Incom		
Tax Preparation		200.			200.			0.
To Form 990-PF, Pg 1, ln 16b		200.			200.			0.
Form 990-PF		Tax	es				Statement	3
Description	Expe	a) nses Books		(b) Inve	est- come	(c) Adjusted Net Incom		
Foreign		48.			48.	• • • • • • • • • • • • • • • • • • • •		0.
To Form 990-PF, Pg 1, ln 18		48.			48.			0.
Form 990-PF Other Decrease	es in 1	Net As	sets	or F	und H	Balances	Statement	4
Description							Amount	
Restate Contributions at Carr	y-ove	r Basi	s			<del>-</del>	6,3	52.
Total to Form 990-PF, Part I	II, li	ne 5				-	6,3	52.

Form 990-PF	Intere	est and Pena	lties	·	Stat ——	ement	5
Tax due from For Late payment i		VI				5	58. 1.
Total Amount Due	2					5	59.
Form 990-PF	La	ite Payment	Interest		Stat	ement	6
Form 990-PF Description	La Date	te Payment  Amount	Interest Balance	Rate	Stat	ement Intere	
			Balance	Rate .0400	Days		

### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

-			<u>.</u>	) <b>47</b>
	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		•	X
•	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Jo not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ea ro	m 8866	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
1 oorno	pration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nlete		
		piere	_	
Part I o	•			
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar come tax returns	exter	ision of time	
noted b not aut ou mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files of the file for Chanties.	cally rinsolida	<sup>:</sup> (1) you want the add ated Form 990-T. Inst	itional
Type or	Name of Exempt Organization	Emp	loyer identification r	umber
жин	The Wyland Foundation, Inc.	3	1-1771315	
le by the	Alumber street and soom or suite no. If a D.O. how see instructions		<u> </u>	
tue date f iling your	1655 Daventry Lane			
eturn Sei			<del> </del>	
	Powell, OH 43065			
				•
Check	type of return to be filed (file a separate application for each return)			
□ F-	orm 990 Form 990-T (corporation) Form 47	20		
F	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27		
□ F	orm 990-EZ Form 990-T (trust other than above) Form 60	69		
X F	orm 990-PF	370		
	James H. Wyland			
	books are in the care of ▶ 1655 Daventry Lane - Powell, OH 43065			
The				
	phone No ▶ 614-267-2600 FAX No ▶			
Tele	<del></del>		<b>•</b>	
Tele	phone No ▶ 614-267-2600 FAX No ▶	s is fo	r the whole group, ch	eck this
Tele	phone No ► 614-267-2600 FAX No ►  be 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 the			
Telent If the If the	phone No ► 614-267-2600 FAX No ►  be 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 the			
Tele	phone No ► 614-267-2600 FAX No ►  be 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 the	memb		
Tele	phone No ► 614-267-2600 FAX No ►  e 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 the  If it is for part of the group, check this box ► and attach a list with the names and EINs of all	memb 	ers the extension will	
Telegon If the pox	phone No ► 614-267-2600 FAX No ►  organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box ► and attach a list with the names and EiNs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit	memb 	ers the extension will	
Telegon If the poox	phone No ► 614-267-2600 FAX No ►  a organization does not have an office or place of business in the United States, check this box  is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto August 15, 2010, to file the exempt organization return for the organization named a	memb 	ers the extension will	
Telegon If the poox	phone No ► 614-267-2600 FAX No ►  a organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto August 15, 2010 If the exempt organization return for the organization named a for the organization's return for	memb 	ers the extension will	
Telegon If the poox	phone No   614-267-2600  FAX No   9 organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this for part of the group, check this box   and attach a list with the names and EINs of all is request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto   August 15, 2010  If the exempt organization return for the organization named as for the organization's return for the organization or the organization's return for the organization or the org	memb 	ers the extension will	
Tele	phone No   614-267-2600  FAX No   9 organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this for part of the group, check this box   and attach a list with the names and EINs of all is request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto   August 15, 2010  If the exempt organization return for the organization named as for the organization's return for the organization or the organization's return for the organization or the org	memb	ers the extension will	cover.
Tele	phone No ► 614-267-2600 FAX No ►  a organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto August 15, 2010 In the organization return for the organization named and offer the organization's return for the organization's return for the unit tax year beginning In this tax year is for less than 12 months, check reason. Initial return Final return	memb	ers the extension will The extension	cover.
Telep If the If	phone No   614-267-2600  FAX No   9 organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box   and attach a list with the names and EINs of all is request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital to the organization's return for the organization return for the organization named at for the organization's return for the organization's return for the tax year beginning  this tax year is for less than 12 months, check reason.  Initial return  Final return  this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	memb	ers the extension will  The extension  Change in accounting	g period
Telep If the If	phone No   614-267-2600  FAX No   9 organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this for part of the group, check this box   16 and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital to the organization's return for:  17 August 15, 2010   Initial return for the organization return for the organization named at for the organization's return for:  18 August 15   Initial return   Ini	memb	ers the extension will The extension	g period
Telep If the If	phone No   614-267-2600  FAX No   corganization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If the lift is for part of the group, check this box  and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untages and the organization's return for the organization named a for the organization's return for   X calendar year 2009 or tax year beginning , and ending , and ending   this tax year is for less than 12 months, check reason. Initial return Final return   this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits. See instructions.	memb il bove	The extension  Change in accounting	g period
Telep If the If	Phone No ► 614-267-2600  FAX No ►  The organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united the organization's return for the organization return for the organization named at for the organization's return for the organization's return for tax year beginning   and ending   and ending   and ending   and ending   for the organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any conrefundable credits See instructions. In this application is for Form 990-PF or 990-T, enter any refundable credits and estimated as payments made include any prior year overpayment allowed as a credit.	memb	ers the extension will  The extension  Change in accounting	g period
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