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Return of Private Foundation

2009

Department of the Treasury
Internal Revenue Serviceor 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.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type See Specific Instructions.	Name of foundation ANGELICA FOUNDATION		A Employer identification number 33-0632647
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 1688 CERRO GORDO		B Telephone number (505) 955-1491
	City or town, state, and ZIP code SANTA FE, NM 87501		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 4,880,491. (Part I, column (d) must be on cash basis.)		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	463,978.		N/A	
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	271,382.	271,382.		
4	Dividends and interest from securities	10,019.	10,019.		
5a	Gross rents	30,591.	30,591.		
b	Net rental income or (loss) 17,797.				
6a	Net gain or (loss) from sale of assets not on line 10	-7,533.			
b	Gross sales price for all assets on line 6a 83,931.				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss)				
11	Other income	-81,244.	-81,244.		
12	Total. Add lines 1 through 11	687,193.	230,748.		
13	Compensation of officers, directors, trustees, etc	149,450.	29,890.		119,560.
14	Other employee salaries and wages	59,913.	29,956.		29,957.
15	Pension plans, employee benefits	14,301.	4,290.		10,011.
16a	Legal fees	2,904.	2,904.		0.
b	Accounting fees	24,453.	12,227.		12,226.
c	Other professional fees	91,484.	28,988.		62,496.
17	Interest	4,412.	4,412.		0.
18	Taxes	323.	229.		94.
19	Depreciation and depletion	30,920.	12,794.		
20	Occupancy	22,385.	11,193.		11,192.
21	Travel, conferences, and meetings	42,128.	8,425.		33,703.
22	Printing and publications	272.	0.		272.
23	Other expenses	95,544.	53,678.		41,866.
24	Total operating and administrative expenses. Add lines 13 through 23	538,489.	198,986.		321,377.
25	Contributions, gifts, grants paid	442,252.			442,252.
26	Total expenses and disbursements. Add lines 24 and 25	980,741.	198,986.		763,629.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	-293,548.			
b	Net investment income (if negative, enter -0-)		31,762.		
c	Adjusted net income (if negative, enter -0-)			N/A	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	309,782.	377,822.	377,822.	
	2 Savings and temporary cash investments	833,137.	529,363.	529,363.	
	3 Accounts receivable ▶				
	Less: allowance for doubtful accounts ▶				
	4 Pledges receivable ▶				
	Less: allowance for doubtful accounts ▶				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable ▶ 1,100,000.				
	Less: allowance for doubtful accounts ▶	1,100,000.	1,100,000.	1,100,000.	
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock STMT 13	210,949.	271,750.	271,750.	
	c Investments - corporate bonds				
	11 Investments - land, buildings, and equipment basis ▶ 808,498.				
	Less: accumulated depreciation STMT 14 ▶ 79,920.	496,690.	728,578.	728,578.	
	12 Investments - mortgage loans				
	13 Investments - other STMT 15	1,677,531.	1,816,807.	1,816,807.	
	14 Land, buildings, and equipment, basis ▶ 83,016.				
	Less: accumulated depreciation STMT 16 ▶ 72,425.	24,626.	10,591.	10,591.	
	15 Other assets (describe ▶ STATEMENT 17)	253,418.	45,580.	45,580.	
	16 Total assets (to be completed by all filers)	4,906,133.	4,880,491.	4,880,491.	
	Liabilities	17 Accounts payable and accrued expenses			
		18 Grants payable			
19 Deferred revenue					
20 Loans from officers, directors, trustees, and other disqualified persons					
21 Mortgages and other notes payable					
22 Other liabilities (describe ▶ STATEMENT 18)		32,741.	12,900.		
23 Total liabilities (add lines 17 through 22)	32,741.	12,900.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds	0.	0.		
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
	29 Retained earnings, accumulated income, endowment, or other funds	4,873,392.	4,867,591.		
30 Total net assets or fund balances	4,873,392.	4,867,591.			
31 Total liabilities and net assets/fund balances	4,906,133.	4,880,491.			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,873,392.
2 Enter amount from Part I, line 27a	2	-293,548.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 11	3	292,034.
4 Add lines 1, 2, and 3	4	4,871,878.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 12	5	4,287.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,867,591.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENT				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 83,931.		91,464.	-7,533.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e			-7,533.	
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2 -7,533.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		3 N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	815,859.	5,548,458.	.147042
2007	939,197.	6,221,749.	.150954
2006	703,257.	6,197,199.	.113480
2005	630,664.	6,232,992.	.101182
2004	587,548.	6,471,659.	.090788

2 Total of line 1, column (d)	2	.603446
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.120689
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	4,665,791.
5 Multiply line 4 by line 3	5	563,110.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	318.
7 Add lines 5 and 6	7	563,428.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	8	763,629.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	318.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	318.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	318.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	4,996.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	4,996.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	4,678.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 4,678. Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> <u>NM, CA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.ANGELICAFFOUNDATION.ORG</u>	13	X	
14	The books are in care of ► <u>THE FOUNDATION</u> Telephone no. ► <u>(505) 955-1491</u> Located at ► <u>1688 CERRO GORDO, SANTA FE, NM</u> ZIP+4 ► <u>87501</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year			► 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	► <input type="checkbox"/>	1b X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 20		149,450.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name 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	(e) Expense account, other allowances
CELINA CAVAKCANTU-BENNETT 1688 CERRO GORDO, SANTA FE, NM 87501	OPERATIONS MANAGER 40.00	59,913.	0.	0.

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

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A**Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B**Summary of Program-Related Investments**

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

	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	201,110.
b	Average of monthly cash balances	1b	1,003,109.
c	Fair market value of all other assets	1c	3,532,625.
d	Total (add lines 1a, b, and c)	1d	4,736,844.
e	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	4,736,844.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	71,053.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,665,791.
6	Minimum investment return Enter 5% of line 5	6	233,290.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	233,290.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	318.
b	Income tax for 2009 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	318.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	232,972.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	232,972.
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	232,972.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	763,629.
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	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	763,629.
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	318.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	763,311.

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				232,972.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	274,633.			
b From 2005	319,014.			
c From 2006	406,929.			
d From 2007	630,428.			
e From 2008	538,444.			
f Total of lines 3a through e	2,169,448.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 763,629.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				232,972.
e Remaining amount distributed out of corpus	530,657.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus: Add lines 3f, 4c, and 4e. Subtract line 5	2,700,105.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				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	274,633.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,425,472.			
10 Analysis of line 9:				
a Excess from 2005	319,014.			
b Excess from 2006	406,929.			
c Excess from 2007	630,428.			
d Excess from 2008	538,444.			
e Excess from 2009	530,657.			

N/A

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE ATTACHMENT A	N/A		SEE ATTACHMENT A	442,252.
Total				▶ 3a 442,252.
b Approved for future payment NONE				
Total				▶ 3b 0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | | X |
| | (2) Other assets | | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | | X |
| | (3) Rental of facilities, equipment, or other assets | | X |
| | (4) Reimbursement arrangements | | X |
| | (5) Loans or loan guarantees | | X |
| | (6) Performance of services or membership or fundraising solicitations | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I 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, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee

Date _____

PRESIDENT

Title

signature

Firm's name (or yours if self-employed),
address, and ZIP code

RICCI & COMPANY, LLC
6200 UPTOWN BLVD NE STE 400
ALBUQUERQUE, NM 87110

Date _____

11-870

Check if self- employed	
-------------------------------	--

Preparer's identifying number

EIN ►

Phone no. 505-338-0800

Form **990-PF** (2009)

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

ANGELICA FOUNDATION

Employer identification number

33-0632647

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

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

Name of organization

Employer identification number

ANGELICA FOUNDATION

33-0632647

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OPEN SOCIETY INSTITUE 400 WEST 59TH STREET NEW YORK, NY 10019	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SIGRID RAUSING TRUST 39 SLOAN STREET LONDON X9LP ENGLA	\$ 288,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

ANGELICA FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CITIGROUP GLOBAL MARKETS	P	02/19/04	02/26/09
b	AXA SA SPONS ADR	P	11/13/09	11/13/09
c	RIO TINTO PLC-GBP	P	07/10/09	07/10/09
d	ARACRUZ CELULOSE	P	06/10/08	11/27/09
e	FIBRIA CELLULOSE	P	VARIOUS	11/12/09
f	BCS IPATH S&P 500 VIX SHORT	P	10/14/10	10/26/10
g	1450 PACIFIC BEACH LP INTEREST		VARIOUS	12/31/10
h	CLEARWATER CAPITAL PARTNERS FUND II	P	VARIOUS	VARIOUS
i	CLEARWATER CAPITAL PARTNERS FUND II		VARIOUS	VARIOUS
j	SUN CAPITAL PARTNERS V, LP		VARIOUS	VARIOUS
k	SUN CAPITAL PARTNERS V, LP		VARIOUS	VARIOUS
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 70,655.		70,000.	655.
b 43.			43.
c 571.			571.
d 303.		1,262.	-959.
e 4.			4.
f 1,082.		1,031.	51.
g		9,989.	-9,989.
h 11,273.			11,273.
i		1,067.	-1,067.
j		6,815.	-6,815.
k		1,300.	-1,300.
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			655.
b			43.
c			571.
d			-959.
e			4.
f			51.
g			-9,989.
h			11,273.
i			-1,067.
j			-6,815.
k			-1,300.
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-7,533.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 }	3	N/A

2009 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
63	IMPROVEMENTS - REMODEL	0110109	SL	39.50	16	240,668.			240,668.			6,093.
-	* 990-PF PG 1 TOTAL					240,668.		0.	240,668.	0.	0.	6,093.
13	FURNITURE-Z GALLERIE	1111501	SL	7.00	16	3,715.			3,715.	3,694.		0.
14	FURNITURE- HOME OFFICE+	120401	SL	7.00	16	5,094.			5,094.	5,094.		0.
15	FURNITURE-Z GALLERIE	120501	SL	7.00	16	734.			734.	734.		0.
16	FURNITURE- SDB CITI	010702	SL	7.00	16	1,051.			1,051.	975.		0.
17	FURNITURE- HOME OFFICE+	011202	SL	7.00	16	5,000.			5,000.	4,644.		0.
18	FURNITURE-Z GALLERIE	013002	SL	7.00	16	734.			734.	682.		9.
19	FURNITURE- HOME OFF SOL	013002	SL	7.00	16	839.			839.	780.		10.
20	FURNITURE-Z GALLERIE	021002	SL	7.00	16	579.			579.	539.		7.
23	FURNITURE-FAN DIEGO	031102	SL	7.00	16	498.			498.	462.		12.
24	FURNITURE- SADDLEBACK	031102	SL	7.00	16	5,839.			5,839.	5,421.		139.
25	FURNITURE- ARTRAGEOUS	032602	SL	7.00	16	574.			574.	533.		21.
26	FURNITURE- ARTISANOS IMP	040202	SL	7.00	16	521.			521.	481.		19.
27	FURNITURE- WARM HEARTH	042002	SL	7.00	16	2,799.			2,799.	2,600.		133.
28	FURNITURE- ARTISANOS	043002	SL	7.00	16	1,300.			1,300.	1,209.		62.
29	FURNITURE- ARTISANOS	052202	SL	7.00	16	1,318.			1,318.	1,222.		78.
31	FURNITURE- ARTISANOS	071102	SL	7.00	16	422.			422.	390.		32.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
32	HOME OFFICE SOLUTIONS	032604	SL	7.00	16	1,004.			1,004.	644.		143.
-	* 990-PF PG 1 TOTAL					32,021.		0.	32,021.	30,104.	0.	665.
33	EQUIPMENT-B&H PHOTO	121403	SL	5.00	16	1,356.			1,356.	1,356.		0.
34	EQUIPMENT-BEST BUY VIDEO CAMERA-BEST	122003	SL	5.00	16	990.			990.	990.		0.
35	BUY	022505	SL	5.00	16	1,153.			1,153.	808.		231.
36	HP LASERVET 2840	121405	SL	5.00	16	1,388.			1,388.	973.		278.
37	EQUIPMENT-AMEX	122205	SL	5.00	16	1,583.			1,583.	1,109.		317.
38	COMPUTER EQUIP-DELL	041605	SL	5.00	16	2,152.			2,152.	1,505.		430.
39	COMPUTER EQUIP-DELL	091305	SL	5.00	16	2,010.			2,010.	1,407.		402.
40	COMPUTER EQUIP-BEST BUY	110405	SL	5.00	16	905.			905.	634.		181.
41	COMPUTER-DELL (GHA) COMPUTER	011605	SL	5.00	16	1,415.			1,415.	991.		283.
42	SERVER/MONITOR	032706	SL	5.00	16	1,019.			1,019.	586.		204.
43	ADDITIONAL SERVER	041906	SL	5.00	16	1,834.			1,834.	963.		367.
44	ADDITIONAL SERVER	050406	SL	5.00	16	1,104.			1,104.	580.		221.
45	COMPUTER EQUIP (FRYS)	042706	SL	5.00	16	1,086.			1,086.	570.		217.
46	DELL LAPTOP (JDG)	022707	SL	5.00	16	3,146.			3,146.	944.		629.
47	COMPUTER - BEST BUY	121207	SL	5.00	16	1,370.			1,370.	411.		274.
67	AMPLIFIER	010809	200DB	5.00	19B	2,675.		1,338.	1,337.			1,605.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	COMPUTER EQUIP -											
	VIDEO CONVERTER	010809	200DB	5.00	19B	1,416.		708.	708.			850.
	* 990-PF PG 1 TOTAL					26,602.		2,046.	24,556.	13,827.	0.	6,489.
	-											
48	AUTO	121306	SL	5.00	16	24,396.			24,396.	10,368.		4,879.
	* 990-PF PG 1 TOTAL					24,396.		0.	24,396.	10,368.	0.	4,879.
	-											
	* GRAND TOTAL					323,687.		2,046.	321,641.	54,299.	0.	18,126.
	990-PF PG 1 DEPR											

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
CENTURY BANK	6,165.
CLEARWATER CAPITAL PTRS FUND II HOLDINGS K-1	40,110.
INTEREST INCOME	1.
LOS ALAMOS NATIONAL BANK	723.
OSARA VILLIAGE LLC K-1	1.
RCG LONGVIEW K-1	18,499.
SAND HILL PROPERTIES	200,000.
SMITH BARNEY OID	380.
SUN CAPITAL PARTNERS K-1	5,446.
WELLS FARGO BANK	57.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	271,382.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
AREAD/PRG K-1	77.	0.	77.
CLEARWATER CAPITAL	362.	0.	362.
EQUAL EXCHANGE	250.	0.	250.
SMITH BARNEY	6,008.	0.	6,008.
SUN CAPITAL K-1	3,322.	0.	3,322.
TOTAL TO FM 990-PF, PART I, LN 4	10,019.	0.	10,019.

FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COMMERCIAL BUILDING CALIFORNIA	1	37,680.
RENTAL INCOME - RCG LONGVIEW II LP	2	-7,089.
TOTAL TO FORM 990-PF, PART I, LINE 5A		30,591.

FORM 990-PF	RENTAL EXPENSES	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		12,794.	
- SUBTOTAL -	1		12,794.
TOTAL RENTAL EXPENSES			12,794.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			17,797.

FORM 990-PF	OTHER INCOME	STATEMENT	5
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	-81,244.	-81,244.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-81,244.	-81,244.	

FORM 990-PF	LEGAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	2,904.	2,904.		0.	
TO FM 990-PF, PG 1, LN 16A	2,904.	2,904.		0.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	24,453.	12,227.		12,226.	
TO FORM 990-PF, PG 1, LN 16B	24,453.	12,227.		12,226.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	2,520.	2,520.		0.
CONSULTING FEES	52,936.	26,468.		26,468.
GRANT ADMINISTRATION FEES	36,028.	0.		36,028.
TO FORM 990-PF, PG 1, LN 16C	91,484.	28,988.		62,496.

FORM 990-PF	TAXES			STATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	229.	229.		0.
OTHER TAXES	94.	0.		94.
TO FORM 990-PF, PG 1, LN 18	323.	229.		94.

FORM 990-PF	OTHER EXPENSES			STATEMENT 10
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	18,123.	5,437.		12,686.
BOOKKEEPER	30,086.	15,043.		15,043.
OFFICE EXPENSE	10,062.	5,031.		5,031.
INFORMATION TECH EXPENSES	6,077.	3,038.		3,039.
MEALS AND ENTERTAINMENT AT 50%	4,286.	0.		4,286.
DONATIONS	60.	0.		60.
PARTNERSHIP PORTFOLIO DEDUCTIONS	16,601.	16,601.		0.
PARTNERSHIP DEDUCTIONS	6,659.	6,659.		0.
BANK CHARGES	246.	197.		49.
DUES AND SUBSCRIPTIONS	1,075.	537.		538.
POSTAGE AND DELIVERY	2,269.	1,135.		1,134.
TO FORM 990-PF, PG 1, LN 23	95,544.	53,678.		41,866.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 11
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DESCRIPTION	AMOUNT
UNREALIZED GAINS AND LOSSES	75,486.
PSHIP BOOK/TAX ADJUSTMENT	214,021.
OTHER PRIOR PERIOD ADJUSTMENTS	2,527.
TOTAL TO FORM 990-PF, PART III, LINE 3	292,034.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 12
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DESCRIPTION	AMOUNT
NON-DEDUCTIBLE EXPENSES K-1'S	1.
NON-DEDUCTIBLE MEALS AND ENTERTAINMENT	4,286.
TOTAL TO FORM 990-PF, PART III, LINE 5	4,287.

FORM 990-PF	CORPORATE STOCK	STATEMENT 13
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY OC6777 CORPORATE STOCKS	169,067.	169,067.
SMITH BARNEY OC640 CORPORATE STOCKS	101,392.	101,392.
E*TRADE CORPORATE STOCKS	1,291.	1,291.
TOTAL TO FORM 990-PF, PART II, LINE 10B	271,750.	271,750.

FORM 990-PF	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT 14
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND 8532 VAN NUYS BLVD	225,389.	0.	225,389.
BUILDING 8532 VAN NUYS BLVD	275,475.	64,451.	211,024.
FACADE IMPROVEMENTS	10,562.	2,450.	8,112.
FACADE IMPROVEMENTS	3,657.	850.	2,807.
TENANT IMPROVEMENTS	17,306.	4,015.	13,291.
TENANT IMPROVEMENTS	15,064.	3,490.	11,574.
TENANT IMPROVEMENTS	15,186.	3,517.	11,669.
TENANT IMPROVEMENTS	5,191.	1,147.	4,044.
TOTAL TO FM 990-PF, PART II, LN 11	567,830.	79,920.	487,910.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	15
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS IN PARTNERSHIPS	FMV	845,175.	845,175.
INVESTMENTS /LIMITED LIABILITY COMPANIES	FMV	971,632.	971,632.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,816,807.	1,816,807.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	16
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE-Z GALLERIE	3,715.	3,694.	21.
FURNITURE- HOME OFFICE+	5,094.	5,094.	0.
FURNITURE-Z GALLERIE	734.	734.	0.
FURNITURE- SDB CITI	1,051.	975.	76.
FURNITURE- HOME OFFICE+	5,000.	4,644.	356.
FURNITURE-Z GALLERIE	734.	691.	43.
FURNITURE- HOME OFF SOL	839.	790.	49.
FURNITURE-Z GALLERIE	579.	546.	33.
FURNITURE-FAN DIEGO	498.	474.	24.
FURNITURE- SADDLEBACK	5,839.	5,560.	279.
FURNITURE- ARTRAGEOUS	574.	554.	20.
FURNITURE- ARTISANOS IMP	521.	500.	21.
FURNITURE- WARM HEARTH	2,799.	2,733.	66.
FURNITURE- ARTISANOS	1,300.	1,271.	29.
FURNITURE- ARTISANOS	1,318.	1,300.	18.
FURNITURE- ARTISANOS	422.	422.	0.
HOME OFFICE SOLUTIONS	1,004.	787.	217.
EQUIPMENT-B&H PHOTO	1,356.	1,356.	0.
EQUIPMENT-BEST BUY	990.	990.	0.
VIDEO CAMERA-BEST BUY	1,153.	1,039.	114.
HP LASERVET 2840	1,388.	1,251.	137.
EQUIPMENT-AMEX	1,583.	1,426.	157.
COMPUTER EQUIP-DELL	2,152.	1,935.	217.
COMPUTER EQUIP-DELL	2,010.	1,809.	201.
COMPUTER EQUIP-BEST BUY	905.	815.	90.
COMPUTER-DELL (GHA)	1,415.	1,274.	141.
COMPUTER SERVER/MONITOR	1,019.	790.	229.
ADDITIONAL SERVER	1,834.	1,330.	504.
ADDITIONAL SERVER	1,104.	801.	303.
COMPUTER EQUIP (FRYS)	1,086.	787.	299.
DELL LAPTOP (JDG)	3,146.	1,573.	1,573.
COMPUTER - BEST BUY	1,370.	685.	685.
AUTO	24,396.	15,247.	9,149.

IMPROVEMENTS - REMODEL	240,668.	6,093.	234,575.
AMPLIFIER	2,675.	1,605.	1,070.
COMPUTER EQUIP - VIDEO			
CONVERTER	1,416.	850.	566.
TOTAL TO FM 990-PF, PART II, LN 14	323,687.	72,425.	251,262.

FORM 990-PF	OTHER ASSETS	STATEMENT 17
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
NET INTANGIBLE ASSETS	9,365.	5,351.	5,351.
CONSTRUCTION IN PROGRESS	238,294.	0.	0.
OTHER RECEIVABLES	5,759.	0.	0.
PAYROLL TAX DEPOSITS	0.	40,229.	40,229.
TO FORM 990-PF, PART II, LINE 15	253,418.	45,580.	45,580.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 18
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
CREDIT CARD PAYABLE	23,803.	2,812.
SECURITY DEPOSIT- PANORAMA CITY	7,920.	7,920.
PAYROLL TAXES PAYABLE	1,018.	0.
OTHER PAYABLES	0.	2,168.
TOTAL TO FORM 990-PF, PART II, LINE 22	32,741.	12,900.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 19

NAME OF CONTRIBUTOR	ADDRESS
SIGRID RAUSING TRUST	39 SLOAN STREET LONDON X9LP ENGLA
OPEN SOCIETY INSTITUTE	400 WEST 59TH STREET NEW YORK, NY 10019

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUZANNE D. GOLLIN 1688 CERRO GORDO RD SANTA FE, NM 87501	DIRECTOR/PRESIDENT 40.00	107,250.	0.	0.
JAMES D. GOLLIN 1688 CERRO GORDO RD SANTA FE, NM 87501	DIRECTOR/SEC/TREAS 10.00	42,200.	0.	0.
GLADYS SCHMIDT 1688 CERRO GORDO RD SANTA FE, NM 87501	DIRECTOR 0.00	0.	0.	0.
CHRISTOPHER BROWN 1688 CERRO GORDO RD SANTA FE, NM 87501	DIRECTOR 0.00	0.	0.	0.
NINA ROYAL 1688 CERRO GORDO RD SANTA FE, NM 87501	DIRECTOR 0.00	0.	0.	0.
NANCY HARRIS CAMPBELL 1688 CERRO GORDO RD SANTA FE, NM 87501	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		149,450.	0.	0.

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990-PF
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No 67**ANGELICA FOUNDATION****FORM 990-PF PAGE 1****33-0632647****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	2,046.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,671.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,045.	5 YRS.	HY	200DB	409.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year	/		40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	18,126.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

918251
11-04-09 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

27

09011108 132225 40914

2009.04050 ANGELICA FOUNDATION

40914__1

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year

43 Amortization of costs that began before your 2009 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report.

44

<u>Name & Address</u>	Relationship	Fdnt status	Purpose of Grant	Amount
Barro Sin Plomo USA PO Box 172 Meriden, NH, 03770	N/A	501c3	Lead Free Program	\$2,000 00
Institute for Global Leadership 90 Packard Ave Medford MA 02155	N/A	501c3	2009 EPIIC Symposium	\$2,500 00
Cuentos/Chiapas Media 6321 North Clark Street, Chicago, IL 60660	N/A	501c3	Ojo de Agua CUPHID - DPA CUPHID - H. Rgts Promedios	\$56,500 00
Drug Policy Alliance 70 West 36th Street New York, NY 10018	N/A	501c3	Conference	\$10,000 00
Fund for Authentic Journalism PO Box 241 Natick, MA 01760	N/A	501c3	Human Rights Program	\$5,000 00
Grassroots International 179 Boylston St 4th fl Jamaica Plain, MA 02130	N/A	501c3	CAMPO SER MIXE Latin Am. Prog	\$21,400.00
Prajna Mountain 1404 Cerro Gordo Snat Fe NM 87501	N/A	501c3	Upaya Zen Center	\$5,000 00
Rainforest Action Network 221 Pine St., Suite 500 San Francisco, CA 94104	N/A	501c3	Environment	\$5,000 00
Santa Fe Prep School 1101 Camino de la Cruz Blanca Santa Fe, NM 87505	N/A	501c3	Educational	\$1,000 00
Santa Fe Water Shed Association	N/A	501c3	Environment	\$1,000 00
The Nature Conservancy	N/A	501c3	SF Canyon Preservation	\$500 00
Threshold Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	2009 Campaign	\$3,500 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	AJAGI	\$5,000 00

<u>Name & Address</u>	Relationship	Fdnt status	Purpose of Grant	Amount
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Article 19 Red Periodistas A PIE	\$25,000.00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	CDH Mujeres	\$10,000.00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	CDH Migrante	\$9,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	CEMDA Ambiental	\$7,000.00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Centro Mujeres	\$9,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	CIESAS	\$10,000.00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	CUPHID- ADM	\$13,000.00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Convivencia	\$76,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	CUPHID	\$71,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Diversidades	\$7,500 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	EDUCA	\$15,000 00

<u>Name & Address</u>	Relationship	Fdnt status	Purpose of Grant	Amount
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Fray Bartholome De las Casas	\$5,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Hollyhock Scholarship Fund	\$3,300 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Las Libres	\$5,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Letra S - Sida HIV	\$5,000 00
Tides Foundation Election Administration Fund PO Box 29903 San Francisco CA 94129	N/A	501c3	Liga Mexicana	\$5,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	OMESP/ Tlatchinollan	\$2,500.00
Tides Center PO Box 29903 San Francisco CA 94129	N/A	501c3	NDN- New Policy Immigration Policy Project	\$20,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Otros Mundos	\$5,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Red Mesa	\$5,000 00
Tides Foundation PO Box 29903 San Francisco CA 94129	N/A	501c3	Tlatchinollan	\$15,000 00
Wood Gormley	N/A	501c3	Educational	\$552 29
		GRANTS	2008 TOTAL	\$442,252 29

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).			
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	ANGELICA FOUNDATION		33-0632647
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1688 CERRO GORDO		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SANTA FE, NM 87501		

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

- The books are in the care of **1688 CERRO GORDO - SANTA FE, NM 87501**
 Telephone No. **(505) 955-1491** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME NEEDED TO ACCUMULATE MISSING DATA IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	4,996.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	4,996.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Curt McNeil** Title **CPA** Date **8-10-10**

Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization ANGELICA FOUNDATION	Employer identification number 33-0632647
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. 1688 CERRO GORDO	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. SANTA FE, NM 87501	

Check type of return to be filed (file a separate application for each return).

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE FOUNDATION

- The books are in the care of ► **1688 CERRO GORDO - SANTA FE, NM 87501**
Telephone No. ► **(505) 955-1491** FAX No. ► ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2009** or
 ► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	4,996.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	4,996.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 4-2009)