



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

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 Oarsmen Foundation		A Employer identification number 33-0754362	
	Number and street (or P O box number if mail is not delivered to street address) 25550 HAWTHORNE BLVD		Room/suite	B Telephone number (see page 10 of the instructions) (310) 791-3343
	City or town, state, and ZIP code TORRANCE, CA 90505		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> 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"/>	
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				
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 9,540,924		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis.)		

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) (see page 11 of the instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	634,021			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	10,095	10,095	10,095	
	4 Dividends and interest from securities. . . . .	234,418	234,418	234,418	
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-231,411			
	b Gross sales price for all assets on line 6a _____ 5,014,713				
	7 Capital gain net income (from Part IV , line 2) . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
Operating and Administrative Expenses	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	17,042			
	12 Total. Add lines 1 through 11 . . . . .	664,165	244,513	244,513	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	20	20		
	b Accounting fees (attach schedule) . . . . .	2,706	2,706		
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see page 14 of the instructions)	6,501	6,501		
	19 Depreciation (attach schedule) and depletion . . .	0			
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	28,379	28,379		
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	37,606	37,606		0
	25 Contributions, gifts, grants paid . . . . .	417,360			417,360
	26 Total expenses and disbursements. Add lines 24 and 25	454,966	37,606		417,360
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	209,199			
	b Net investment income (if negative, enter -0-)		206,907		
	c Adjusted net income (if negative, enter -0-)			244,513	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	5,416	4,888	
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	8,667,427	8,468,269	9,341,924
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .		200,000	199,000
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	8,672,843	8,673,157	9,540,924	
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 (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .		0	
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 . . . . .	8,672,843	8,673,157	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions) . . . . .	8,672,843	8,673,157	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	8,672,843	8,673,157	

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 8,672,843
2	Enter amount from Part I, line 27a . . . . .	2 209,199
3	Other increases not included in line 2 (itemize) ▶ _____	3 3,551
4	Add lines 1, 2, and 3 . . . . .	4 8,885,593
5	Decreases not included in line 2 (itemize) ▶ _____	5 212,436
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 8,673,157

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	See Additional Data Table			
b				
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	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a	See Additional Data Table		
b			
c			
d			
e			

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	-231,411
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) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 . . . . .		3	-231,411

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 page 18 of the 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	425,795	8,281,260	0 05142
2007	324,783	9,846,340	0 03299
2006	424,414	8,527,376	0 04977
2005	263,020	7,514,397	0 03500
2004	300,334	6,522,994	0 04604

2	Total of line 1, column (d). . . . .	2	0 21522
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	0 04304
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5. . . . .	4	8,203,195
5	Multiply line 4 by line 3. . . . .	5	353,090
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	2,069
7	Add lines 5 and 6. . . . .	7	355,159
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	417,360

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 on page 18

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		
1aExempt 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)		
bDomestic 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 . . . . .		12,069
cAll other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2
3Add lines 1 and 2. . . . .		32,069
4Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4
5Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		52,069
6Credits/Payments		
a2009 estimated tax payments and 2008 overpayment credited to 2009	6a1,760	
bExempt foreign organizations—tax withheld at source . . . . .	6b	
cTax paid with application for extension of time to file (Form 8868)	6c	
dBackup withholding erroneously withheld . . . . .	6d	
7Total credits and payments Add lines 6a through 6d. . . . .		71,760
8Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8
9Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9309
10Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10
11Enter the amount of line 10 to be Credited to 2010 estimated tax 0 Refunded		11

Part VII-AStatements Regarding Activities			
1aDuring 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? . . . . .		1a	No
bDid it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the 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.		1b	No
cDid the foundation file Form 1120-POL for this year?. . . . .		1c	No
dEnter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$			
eEnter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$			
2Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		2	No
3Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		3	No
4aDid the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .		4a	No
bIf "Yes," has it filed a tax return on Form 990-T for this year?. . . . .		4b	No
5Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.		5	No
6Are 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? . . . . .		6	Yes
7Did 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		7	Yes
8aEnter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) CA			
bIf 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 .		8b	Yes
9Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .		9	No
10Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	No

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 page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of GL SCHULER Telephone no (310) 791-3343 Located at 25550 HAWTHORNE BLVD SUITE 310 TORRANCE CA ZIP+4 90505			
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		

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? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?. Yes 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 ). Yes 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.	1b		No
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		No
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?. If "Yes," list the years 20____, 20____, 20____, 20____			
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 page 20 of the instructions ).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes 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.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? (see page 22 of the instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	5b		No
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		No

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 (see page 22 of the instructions).				
(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 Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). 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. . . . .		

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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3. . . . .	



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	8,322,965
b	Average of monthly cash balances. . . . .	1b	5,152
c	Fair market value of all other assets (see page 24 of the instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	8,328,117
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	
3	Subtract line 2 from line 1d. . . . .	3	8,328,117
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . .	4	124,922
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,203,195
6	Minimum investment return. Enter 5% of line 5. . . . .	6	410,160

Part XI

Distributable Amount (see page 25 of the 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	410,160
2a	Tax on investment income for 2009 from Part VI, line 5. . . . .	2a	2,069
b	Income tax for 2009 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	2,069
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	408,091
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	408,091
6	Deduction from distributable amount (see page 25 of the instructions). . . . .	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	408,091

Part XII

Qualifying Distributions (see page 25 of the 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	417,360
b	Program-related investments—total from Part IX-B. . . . .	1b	
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	417,360
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 (see page 26 of the instructions). . . . .	5	2,069
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	415,291
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			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2008			
a	Enter amount for 2008 only. . . . . 412,313			
b	Total for prior years 20____, 20____, 20____			
3	Excess distributions carryover, if any, to 2009			
a	From 2004. . . . .			
b	From 2005. . . . .			
c	From 2006. . . . .			
d	From 2007. . . . .			
e	From 2008. . . . .			
f	Total of lines 3a through e. . . . .			
4	Qualifying distributions for 2009 from Part XII, line 4 ➤ \$ 417,360			
a	Applied to 2008, but not more than line 2a 412,313			
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)			
c	Treated as distributions out of corpus (Election required—see page 26 of the instructions). . . . . 0			
d	Applied to 2009 distributable amount. . . . . 5,047			
e	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2009 (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:			
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5			
b	Prior years' undistributed income Subtract line 4b from line 2b. . . . .			
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. . . . .			
d	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions. . . . .			
e	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions. . . . .			
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010. . . . . 403,044			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions). . . . .			
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions). . . . .			
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a. . . . .			
10	Analysis of line 9			
a	Excess from 2005. . . . .			
b	Excess from 2006. . . . .			
c	Excess from 2007. . . . .			
d	Excess from 2008. . . . .			
e	Excess from 2009. . . . .			

Part XIVPrivate Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
		(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b	85% of line 2a . . . . .					
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
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 . . . . .					
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 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 an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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 Additional Data Table				
Total . . . . .			▶ 3a	417,360
b Approved for future payment				
Total . . . . .			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2009)

<b>1</b>	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?		<b>Yes</b>	<b>No</b>
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of			
	<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
	<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b>	Other transactions			
	<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
	<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
	<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
	<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
	<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
	<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

**Sign Here**

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.

*****	2010-05-14	*****
Signature of officer or trustee	Date	Title

Paid Preparer's Use Only	Preparer's Signature  Merrietta L Fong CPA	Date	Check if self-employed 	Preparer's identifying number (see <b>Signature</b> on page 30 of the instructions)
	Firm's name (or yours if self-employed), address, and ZIP code	Rosenthal Pearson Fong & Frew LLP 2790 Skypark Drive Suite 306 Torrance, CA 90505		EIN  Phone no (310) 539-9400

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

<b>Name of organization</b> Oarsmen Foundation	<b>Employer identification number</b> 33-0754362
---	---

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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<sup>1</sup>/<sub>3</sub>% 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 in the heading 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).





Name of organization Oarsmen Foundation	Employer identification number 33-0754362
--	--

Part 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
_____	See Additional Data Table	\$ _____	_____
(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
_____		\$ _____	_____
(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
_____		\$ _____	_____

Name of organization Oarsmen Foundation	Employer identification number 33-0754362
--	--

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry )

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions ) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	

Additional Data

Software ID:

Software Version:

EIN: 33-0754362

Name: Oarsmen Foundation

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<div>17</div>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	<div>\$ 28,727</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>16</div>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	<div>\$ 34,435</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>15</div>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	<div>\$ 16,800</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>14</div>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	<div>\$ 28,562</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>13</div>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	<div>\$ 33,676</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<div>12</div>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	<div>\$ 33,768</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>11</u>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	\$ <u>44,227</u>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>10</u>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	\$ <u>14,413</u>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>9</u>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	\$ <u>64,640</u>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>8</u>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	\$ <u>29,967</u>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>7</u>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	\$ <u>52,598</u>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>
<u>6</u>	<div>GEORGE ROSALIE SCHULER</div> <div>25550 HAWTHORNE BLVD 310</div> <div>TORRANCE, CA 90505</div>	\$ <u>50,490</u>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div>

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	JOHN KIMBERLY WHITCOMBE 2800 VIA SEGOVIA  PALOS VERDES ESTATES, CA 90274  	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
4	GEORGE L SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505  	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
3	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505  	\$ 57,339	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II if there is a noncash contribution )
2	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505  	\$ 17,142	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II if there is a noncash contribution )
1	GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310  TORRANCE, CA 90505  	\$ 17,237	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II if there is a noncash contribution )

Form 990 Schedule B, Part II - Noncash Property (See Specific Instructions):

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>17</u>	87,000 SHARES UNIVERSAL ROBINA	\$ <u>28,727</u>	<u>2009-12-11</u>
<u>16</u>	1,225 SHARES TIM PARTICIPACOE	\$ <u>34,435</u>	<u>2009-12-11</u>
<u>15</u>	1,025 SHARES TELECOM ARGENT	\$ <u>16,800</u>	<u>2009-12-11</u>
<u>14</u>	2,130 STD BANK GROUP	\$ <u>28,562</u>	<u>2009-12-11</u>
<u>13</u>	4,770 FLEXTRONICS	\$ <u>33,676</u>	<u>2009-12-11</u>
<u>12</u>	11,525 SHARES FIRST PAC CO	\$ <u>33,768</u>	<u>2009-12-11</u>

Form 990 Schedule B, Part II - Noncash Property (See Specific Instructions):

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>11</u>	1,970 SHARES EMBRAER EMP	\$ <u>44,227</u>	<u>2009-12-11</u>
<u>10</u>	640 SHARES COMPANHIA PARA	\$ <u>14,413</u>	<u>2009-12-11</u>
<u>9</u>	64,000 SHARES CHAODA MODERN	\$ <u>64,640</u>	<u>2009-12-11</u>
<u>8</u>	768 SHARES CIA SANEAMENTO	\$ <u>29,967</u>	<u>2009-12-11</u>
<u>7</u>	2,380 SHARES CENTRAIS ELEC	\$ <u>52,598</u>	<u>2009-12-11</u>
<u>6</u>	4,480 SHARES CEMEX SAB	\$ <u>50,490</u>	<u>2009-12-11</u>

Form 990 Schedule B, Part II - Noncash Property (See Specific Instructions):

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	3,450 shares Braskem SA	\$ <u>57,339</u>	<u>2009-12-11</u>
<u>2</u>	88,000 shares Bosideng Intl	\$ <u>17,142</u>	<u>2009-12-11</u>
<u>1</u>	410 Shares Adm De Fonde	\$ <u>17,237</u>	<u>2009-12-11</u>



## Additional Data

**Software ID:** 09000047

**Software Version:**

**EIN:** 33-0754362

**Name:** Oarsmen Foundation

### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
LONG TERM HFR MACRO SEAGATE	P	2009-06-30	2009-06-30
LONG TERM UNIONBANC INVESTMENT #581283	P	2009-06-30	2009-06-30
LONG TERM MORGAN STANLEY #148733	P	2009-06-30	2009-06-30
SHORT TERM MORGAN STANLEY #148733	P	2009-06-30	2009-06-30
SHORT TERM WELLS FARGO #8758	P	2009-06-30	2009-06-30
LONG TERM WELLS FARGO #0368	P	2009-06-30	2009-06-30
SHORT TERM WELLS FARGO #0368	P	2009-06-30	2009-06-30
LONG TERM WELLS FARGO #0366	P	2009-06-30	2009-06-30
SHORT TERM WELLS FARGO #0366	P	2009-06-30	2009-06-30
LONG TERM WELLS FARGO #0364	P	2009-06-30	2009-06-30
SHORT TERM WELLS FARGO #0364	P	2009-06-30	2009-06-30
LONG TERM FIDELITY INVESTMENTS #114740	P	2009-06-30	2009-06-30
SHORT TERM FIDELITY INVESTMENTS #114740	P	2009-06-30	2009-06-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
1,285,056		1,000,000	285,056
65,440		200,000	-134,560
718,883		851,483	-132,600
574,042		390,365	183,677
1,159,720		1,252,112	-92,392
77,644		109,246	-31,602
41,722		43,463	-1,741
575,727		873,140	-297,413
88,572		134,639	-46,067
39,056		22,695	16,361
190,574		102,404	88,170
59,405		99,426	-40,021
138,872		167,151	-28,279

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			285,056
			-134,560
			-132,600
			183,677
			-92,392
			-31,602
			-1,741
			-297,413
			-46,067
			16,361
			88,170
			-40,021
			-28,279


Form 990PF Part VIII Line 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
KIMBERLY S WHITCOMBE	Secretary 0 00	0		
2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274				
SCOTT D SCHULER	Vice President 0 00	0		
285 W 6TH STREET 518 SAN PEDRO, CA 90731				
HUNT SCHULER	Vice President 0 00	0		
10490 SW 136TH PLACE BEAVERTON, OR 97008				
ROSALIE T SCHULER	Vice President 0 00	0		
25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505				
GL SCHULER	Vice President 0 00	0		
25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505				
JOHN WHITCOMBE	President 0 00	0		
2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274				


Form 990PF Part XV Line 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				
PEPPERDINE UNIVERSITY24255 PACIFIC COAST HWY MALIBU,CA 90263	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
PV PENINSULA LAND CONSERVANCY916 SILVER SPUR ROAD 207 ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
FCA MINISTRIES415 W TORRANCE BLVD CARSON,CA 90745	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
EDSF-DH SCHOLARSHIP608 SILVER SPUR RD STE 280 ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	100
DOWNTOWN BIBLE CLASSPO BOX 19191 PORTLAND,OR 97280	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
COMMUNITY ASSOC OF PENINSULA27570 CROSSFIELD DRIVE ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
ALPINE CAMP CONFRENCE CENTER 415 CLUB HOUSE DRIVE BLUE JAY,CA 92317	NONE	PUBLIC	FUNDS FOR CHARITY	20,000
PARENTEENPO BOX 1356 TORRANCE,CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	500
THE LOS ANGELES CHALLENGE501 DEEP VALLEY DR STE 202 ROLLING HLLS ESTATE,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
PENNINSULA SYMPHONY ASSOCPO BOX 2602 PALOS VERDES PENNISU,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	500
BLIND CHILDRENS CENTER4120 MARATHON STREET LOS ANGELES,CA 90029	NONE	PUBLIC	FUNDS FOR CHARITY	500
PALOS VERDES CONCOURS D'ELEGANCE3411 LA SELVA PLACE PALOS VERDES ESTATE,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	600
JOSE ZAYAS EVANGELISM INTERNATIONALPO BOX 1 PORTLAND,OR 97207	NONE	PUBLIC	FUNDS FOR CHARITY	700
KINGS HARBOR CHURCH226B CALLE MIRAMAR REDONDO BEACH,CA 90277	NONE	PUBLIC	FUNDS OF CHARITY	1,700
CHILDREN'S HOSPITAL4650 SUNSET BLVD LOS ANGELES,CA 90054	NONE	PUBLIC	FUNDS FOR CHARITY	600
Total . . . . . 3a				417,360


Form 990PF Part XV Line 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)				
<b>a</b> Paid during the year				
HOPE INTERNATIONAL HOSPICE 20705 S WESTERN AVE STE 112 TORRANCE, CA 90501	NONE	PUBLIC	FUNDS FOR CHARITY	200
LOS ANGELES BIOMED1124 WEST CARSON ST BLDG N-14RM21 TORRANCE, CA 90502	NONE	PUBLIC	FUNDS FOR CHARITY	1,930
AMAHARO INTERNATIONAL28151 HIGHRIDGE ROAD 104 RANCHO PAOS VERDES, CA 90275	NONE	PUBLIC	FUNDS FOR CHARITY	500
HORIZON CHRISTIAN COMMUNITY CHURCHPO BOX 4190 TUATALIN, OR 97062	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
SONSHINE SPECIALIZED CAMPING MINISTPO BOX 1527 WOODBIDGE, CA 95258	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
JACKSON HOLE LAND TRUSTPO BOX 2897 JACKSON, WY 83001	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
SOLID ROCKS10500 SW NIMBUS AVE PORTLAND, OR 97008	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
THE RIVER44 HITCHING ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
PET PROTECTORS LEAGUEPO BOX 2082 PV PENINSULA, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY2440 S SEPULVEDA BLVD STE 115 LOS ANGELES, CA 90064	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
JANE'S HOUSEPO BOX 167 PORT ORCHARD, WA 98366	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
BRIDGES OF HOPEPO BOX 6947 SANTA BARBARA, CA 93160	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
CHAMBER ORCHESTRA OF SOUTH BAYPO BOX 2095 PV PENINSULA, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	840
HHHT6603 MADELINE COVE DR RPV, CA 90275	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
PENINSULA COMMITTEE CHILDREN HOSPITPO BOX 801 ROLLING HILLS ESTATE, CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	25,750
<b>Total . . . . .</b>  <b>3a</b>				417,360

Form 990PF Part XV Line 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)				
<b>a</b> Paid during the year				
USC NORRIS CANCER CENTER1441 EASTLAKE AVE LOS ANGELES,CA 90089	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
LOS ANGELES MISSION303 EAST 5TH STREET LOS ANGELES,CA 90013	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
BEACON LIGHT MISSION525 BROAD AVENUE WILMINGTON,CA 90744	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
PALOS VERDES ART CENTER5504 W CRESTRIDGE RD RANCHO PALOS VERDES,CA 90275	NONE	PUBLIC	FUNDS FOR CHARITY	500
VISTAS FOR CHILDREN6309 ALTO CIRCLE RANCHO PALOS VERDES,CA 90275	NONE	PUBLIC	FUNDS FOR CHARITY	300
TORRANCE-SOUTH BAY YMCA2900 W SEPULVEDA BLVD TORRANCE,CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
NORRIS CENTER PERFORMING ARTS27570 CROSSFIELD DRIVE ROLLING HILLS ESTATE,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
LITTLE SISTERS OF THE POOR2100 SOUTH WESTERN AVE SAN PEDRO,CA 90732	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
HABITAT FOR HUMANITY17700 S FIGUEROA STREET LOS ANGELES,CA 90248	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
CALIFORNIA HIGHWAY PATROL 2244 NORTH STATE COLLEGE BOULEVARD FULLERTON,CA 92831	NONE	PUBLIC	FUNDS FOR CHARITY	500
SWITZER CENTER2201 AMAPOLA COURT TORRANCE,CA 90501	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
PV HIGH SCHOOL BOOSTER CLUB PO BOX 818 PALOS VERDES ESTATES,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	15,000
TRINITYCARE HOSPICE FOUNDATION2601 AIRPORT DRIVE SUITE 230 TORRANCE,CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	6,000
SAMARITAN'S PURSEPO BOX 3000 BOONE,NC 28607	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
CHRYSLALIS1857 LINCOLN BLVD SANTA MONICA,CA 90404	NONE	PUBLIC	FUNDS FOR CHARITY	2,000
<b>Total . . . . .</b>  <b>3a</b>				417,360

Form 990PF Part XV Line 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)				
<b>a</b> Paid during the year				
BIOLA UNIVERSITY13800 BIOLA AVENUE LA MIRADA,CA 90639	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
TORRANCE MEMORIAL MEDICAL CEN3330 LOMITA BLVD TORRANCE,CA 90505	NONE	PUBLIC	FUNDS FOR CHARITY	32,000
LUIS PALAU EVANGELISTIC ASSOC PO BOX 50 PORTLAND,OR 97207	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
BOY SCOUTS OF AMERICA2333 SCOUT WAY LOS ANGELES,CA 90026	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
VICTORY OUTREACH759 E 223RD STREET CARSON,CA 90745	NONE	PUBLIC	FUNDS FOR CHARITY	1,000
SOUTHWEST BIBLE CHURCH14605 SW WEIR ROAD BEAVERTON,OR 97007	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
YOUNG LIFEPO BOX 520 COLORADO SPRINGS,CO 80901	NONE	PUBLIC	FUNDS FOR CHARITY	20,000
WORLD VISIONPO BOX 70200 TACOMA,WA 98481	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
SOWERS INTERNATIONALPO BOX 2260 ORANGE,CA 92859	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
PENINSULA EDUCATION FOUNDATIONPO BOX 2632 PALOS VERDES PENINSU,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	22,000
HIS NESTING PLACE350 EAST MARKET STREET LONG BEACH,CA 90805	NONE	PUBLIC	FUNDS FOR CHARITY	10,000
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	NONE	PUBLIC	FUNDS FOR CHARITY	7,000
PROJECT MEXICONO 2 JOHNS CANYON ROAD ROLLING HILLS,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	5,000
ROLLING HILLS CONVENANT CHURCH2222 PALOS VERDES DRIVE NORTH ROLLING HILL ESTATES,CA 90274	NONE	PUBLIC	FUNDS FOR CHARITY	40,640
LITTLE COMPANY OF MARY HOSP 4101 TORRANCE BLVD TORRANCE,CA 90503	NONE	PUBLIC	FUNDS FOR CHARITY	25,000
<b>Total . . . . .</b>  <b>3a</b>				417,360



Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
OHSU MS CENTER OF OREGON 1121 SW SALMON STREET 200 PORTLAND, OR 97205	NONE	PUBLIC	FUNDS FOR CHARITY	25,000
<b>Total . . . . .</b>  <b>3a</b>				417,360

TY 2009 Accounting Fees Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 09000047

**Software Version:** 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,706	2,706	0	0

**TY 2009 Investments Corporate  
Stock Schedule****Name:** Oarsmen Foundation**EIN:** 33-0754362**Software ID:** 09000047**Software Version:** 2009v1.3

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
WELLS FARGO #0364	415,945	522,482
UNIONBANC INVESTMENT OBP-581283	2,876,605	2,916,263
SMITH BARNEY/CITIGROUP		
MORGAN STANLEY #148733	2,308,056	2,723,160
MORGAN STANLEY #148353		
HFR SEAGATE FUND		
WELLS FARGO #8758	471,930	480,834
WELLS FARGO #0368	265,542	297,761
WELLS FARGO #0366		
FIDELITY INVESTMENTS #114740	2,130,191	2,401,424

**TY 2009 Investments - Other Schedule**

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 09000047

**Software Version:** 2009v1.3

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MORGAN STANLEY #74752	AT COST	200,000	199,000

TY 2009 Legal Fees Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 09000047

**Software Version:** 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	20	20	0	0

TY 2009 Other Decreases Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
BOOK TO TAX DIFFERENCE IN RECORDING NON-CASH CONTRIBUTIONS	212,436

TY 2009 Other Expenses Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Revenue and Expenses per Books	Net Invest ment Income	Adjusted Net Income	Disbursement s for Charitable Purposes
INVESTMENT MANAGEMENT FEES	28,379	28,379		

TY 2009 Other Income Schedule

**Name:** Oarsmen Foundation

**EIN:** 33-0754362

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Revenue And Expenses Per Books	Net Invest ment Income	Adjusted Net Income
FEDERAL TAX REFUND	17,042		



**TY 2009 Other Increases Schedule****Name:** Oarsmen Foundation**EIN:** 33-0754362**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
NONTAXABLE DISTRIBUTIONS	2,073
BOOK TO TAX DIFFERENCE IN FMV OF SECURITIES	1,478

**TY 2009 Taxes Schedule****Name:** Oarsmen Foundation**EIN:** 33-0754362**Software ID:** 09000047**Software Version:** 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE TAXES	10	10		
FOREIGN TAXES	289	289		
FEDERAL TAXES	6,202	6,202		