



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

Return of Private Foundation

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

2009

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

Department of the Treasury
Internal Revenue Service

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 | | | |
| 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 | | C If exemption application is pending, check here <input type="checkbox"/> <input checked="" type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> <input checked="" type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <input checked="" type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <input checked="" type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> <input checked="" type="checkbox"/> | | |
| 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 checked="" type="checkbox"/> if the foundation is not 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 <u>5,014,713</u> | | | | |
| | 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 | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | <input checked="" type="checkbox"/> 17,042 | | | | |
| 12 Total. Add lines 1 through 11 | 664,165 | 244,513 | 244,513 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | <input checked="" type="checkbox"/> 20 | 20 | | |
| | b Accounting fees (attach schedule) | <input checked="" type="checkbox"/> 2,706 | 2,706 | | |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see page 14 of the instructions) | <input checked="" type="checkbox"/> 6,501 | 6,501 | | |
| | 19 Depreciation (attach schedule) and depletion | <input checked="" type="checkbox"/> 0 | 0 | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | <input checked="" type="checkbox"/> 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 |
| 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 | |
| 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 | | |
| 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 | | | (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 | |
| a See Additional Data Table | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|----------|----------|
| 2 Capital gain net income or (net capital loss) | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) | 2 | -231,411 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | | 3 | -231,411 |
| 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 | | | |

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 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

| | | | |
|----|--|----|-----------------------------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 | 1 | 2,069 |
| 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 | | |
| 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 | |
| 3 | Add lines 1 and 2. | 3 | 2,069 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | 2,069 |
| 6 | Credits/Payments | | |
| a | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | 1,760 |
| 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 | 1,760 |
| 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 | 309 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/> 11 | 0 | Refunded <input type="checkbox"/> |

Part VII-A Statements Regarding Activities

| | | | |
|----|---|-----|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | Yes | No |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? | Yes | No |
| | <i>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.</i> | | |
| 1c | Did the foundation file Form 1120-POL for this year? | Yes | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____ | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i> | Yes | No |
| 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? <i>If "Yes," attach a conformed copy of the changes</i> | Yes | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | Yes | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | Yes | No |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i> | Yes | No |
| 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? | Yes | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> CA | | |
| 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? <i>If "No," attach explanation.</i> | Yes | |
| 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 on page 27)? <i>If "Yes," complete Part XIV</i> | Yes | No |
| 10 | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> | Yes | 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). | <input type="checkbox"/> 11 | | <input type="checkbox"/> No |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | <input type="checkbox"/> 12 | | <input type="checkbox"/> No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | <input type="checkbox"/> 13 | <input checked="" type="checkbox"/> Yes | |
| Website address ► <u>N/A</u> | | | | |
| 14 | The books are in care of ► <u>GL SCHULER</u> Telephone no ► <u>(310) 791-3343</u> Located at ► <u>25550 HAWTHORNE BLVD SUITE 310 TORRANCE CA</u> ZIP +4 ► <u>90505</u> | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> 15 and enter the amount of tax-exempt interest received or accrued during the year ► <input type="checkbox"/> | | | |

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.

| | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes | <input checked="" 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"/> | <input type="checkbox"/> 1b | <input type="checkbox"/> 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? | <input type="checkbox"/> 1c | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | If "Yes," list the years ► <u>20____, 20____, 20____, 20____</u> | | |
| 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) | <input type="checkbox"/> 2b | <input type="checkbox"/> 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 ► <u>20____, 20____, 20____, 20____</u> | | |
| 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) | <input type="checkbox"/> 3b | <input type="checkbox"/> No |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | <input type="checkbox"/> 4a | <input type="checkbox"/> 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? | <input type="checkbox"/> 4b | <input type="checkbox"/> 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 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. | <input checked="" type="checkbox"/> | 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6b | 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. | | | | |
| 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 | | 7b | No |
| b | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | | |

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. | | | | <input checked="" type="checkbox"/> |

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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

| | |
|---|--|
| 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.

| | |
|---|--|
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments See page 24 of the instructions | |
| 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 | 3a | |
| a | Suitability test (prior IRS approval required). | 3b | |
| b | Cash distribution test (attach the required schedule). | 4 | 417,360 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 5 | |
| 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). | 6 | 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 | | | | 408,091 |
| 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 XIV **Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

Part XV Supplementary 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 | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated | | Unrelated business income | Excluded by section 512, 513, or 514 | (e) Related or exempt function income (See page 28 of the instructions) | |
|--|--|---------------------------|--------------------------------------|--|---------------|
| | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount |
| 1 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments. | | | | | |
| 3 Interest on savings and temporary cash investments | | | | 14 | 10,095 |
| 4 Dividends and interest from securities. | | | | 14 | 234,418 |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property. | | | | | |
| b Not debt-financed property. | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income. | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | 14 | -231,411 |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory. | | | | | |
| 11 Other revenue a <u>FEDERAL TAX REFUND</u> | | | | | 17,042 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e). | | | | 13,102 | 17,042 |
| 13 Total. Add line 12, columns (b), (d), and (e). | | | | 13 | 30,144 |
| (See worksheet in line 13 instructions on page 28 to verify calculations.) | | | | | |

Part XVT-B Relationship of Activities to the Accomplishment of Exempt Purposes

Schedule of Contributors

OMB No 1545-0047

2009

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

Department of the Treasury
Internal Revenue Service

Name of organization
Oarsmen Foundation

Employer identification number

| 33-075436 |

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
- 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

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 I Contributors (see Instructions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | See Additional Data Table | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash |
| | | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash |
| | | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash |
| | | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash |
| | | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash |
| | | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ _____ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash |
| | | | (Complete Part II if there is a noncash contribution) |

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 |
| | | \$ _____ | _____ |

Name of organization
Oarsmen Foundation

Employer identification number

33-0754362

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

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 |
|------------|--|--------------------------------|---|
| 17 | <u>GEORGE ROSALIE SCHULER</u> 25550 HAWTHORNE BLVD 310 <u>TORRANCE, CA 90505</u> | \$ <u>28,727</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 16 | <u>GEORGE ROSALIE SCHULER</u> 25550 HAWTHORNE BLVD 310 <u>TORRANCE, CA 90505</u> | \$ <u>34,435</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 15 | <u>GEORGE ROSALIE SCHULER</u> 25550 HAWTHORNE BLVD 310 <u>TORRANCE, CA 90505</u> | \$ <u>16,800</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 14 | <u>GEORGE ROSALIE SCHULER</u> 25550 HAWTHORNE BLVD 310 <u>TORRANCE, CA 90505</u> | \$ <u>28,562</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 13 | <u>GEORGE ROSALIE SCHULER</u> 25550 HAWTHORNE BLVD 310 <u>TORRANCE, CA 90505</u> | \$ <u>33,676</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 12 | <u>GEORGE ROSALIE SCHULER</u> 25550 HAWTHORNE BLVD 310 <u>TORRANCE, CA 90505</u> | \$ <u>33,768</u> | 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 I - Contributors (See Specific Instructions):

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

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 | <p>JOHN KIMBERLY WHITCOMBE 2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274</p> | <p>\$ <u>10,000</u></p> | <p>Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p> |
| 4 | <p>GEORGE L SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p> | <p>\$ <u>100,000</u></p> | <p>Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p> |
| 3 | <p>GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p> | <p>\$ <u>57,339</u></p> | <p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p> |
| 2 | <p>GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p> | <p>\$ <u>17,142</u></p> | <p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p> |
| 1 | <p>GEORGE ROSALIE SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505</p> | <p>\$ <u>17,237</u></p> | <p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p> |

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 |
|---------------------------|--|--|----------------------|
| 17 | 87,000 SHARES UNIVERSAL ROBINA | \$ <u>28,727</u> | 2009-12-11 |
| 16 | 1,225 SHARES TIM PARTICIPACOE | \$ <u>34,435</u> | 2009-12-11 |
| 15 | 1,025 SHARES TELECOM ARGENT | \$ <u>16,800</u> | 2009-12-11 |
| 14 | 2,130 STD BANK GROUP | \$ <u>28,562</u> | 2009-12-11 |
| 13 | 4,770 FLEXTRONICS | \$ <u>33,676</u> | 2009-12-11 |
| 12 | 11,525 SHARES FIRST PAC CO | \$ <u>33,768</u> | 2009-12-11 |

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> | 2009-12-11 |
| <u>10</u> | 640 SHARES COMPANHIA PARA | \$ <u>14,413</u> | 2009-12-11 |
| <u>9</u> | 64,000 SHARES CHAODA MODERN | \$ <u>64,640</u> | 2009-12-11 |
| <u>8</u> | 768 SHARES CIA SANEAMENTO | \$ <u>29,967</u> | 2009-12-11 |
| <u>7</u> | 2,380 SHARES CENTRAIS ELEC | \$ <u>52,598</u> | 2009-12-11 |
| <u>6</u> | 4,480 SHARES CEMEX SAB | \$ <u>50,490</u> | 2009-12-11 |

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 |
|---------------------------|--|--|----------------------|
| 3 | 3,450 shares Braskem SA | \$ <u>57,339</u> | 2009-12-11 |
| 2 | 88,000 shares Bosideng Intl | \$ <u>17,142</u> | 2009-12-11 |
| 1 | 410 Shares Adm De Fonde | \$ <u>17,237</u> | 2009-12-11 |

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

| (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.) |
|--|---|---|---|
| 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) 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 | |
| | | | 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 2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274 | Secretary 0 00 | 0 | | |
| SCOTT D SCHULER 285 W 6TH STREET 518 SAN PEDRO, CA 90731 | Vice President 0 00 | 0 | | |
| HUNT SCHULER 10490 SW 136TH PLACE BEAVERTON, OR 97008 | Vice President 0 00 | 0 | | |
| ROSALIE T SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505 | Vice President 0 00 | 0 | | |
| GL SCHULER 25550 HAWTHORNE BLVD 310 TORRANCE, CA 90505 | Vice President 0 00 | 0 | | |
| JOHN WHITCOMBE 2800 VIA SEGOVIA PALOS VERDES ESTATES, CA 90274 | President 0 00 | 0 | | |

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 UNIVERSITY 24255 PACIFIC COAST HWY MALIBU, CA 90263 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| PV PENINSULA LAND CONSERVANCY 916 SILVER SPUR ROAD 207 ROLLING HILLS ESTATE, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| FCA MINISTRIES 415 W TORRANCE BLVD CARSON, CA 90745 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| EDSF-DH SCHOLARSHIP 608 SILVER SPUR RD STE 280 ROLLING HILLS ESTATE, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 100 |
| DOWNTOWN BIBLE CLASS PO BOX 19191 PORTLAND, OR 97280 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| COMMUNITY ASSOC OF PENINSULA 27570 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 |
| PARENTEEN PO BOX 1356 TORRANCE, CA 90505 | NONE | PUBLIC | FUNDS FOR CHARITY | 500 |
| THE LOS ANGELES CHALLENGE 501 DEEP VALLEY DR STE 202 ROLLING HLLS ESTATE, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 1,000 |
| PENNINSULA SYMPHONY ASSOC PO BOX 2602 PALOS VERDES PENNISU, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 500 |
| BLIND CHILDRENS CENTER 4120 MARATHON STREET LOS ANGELES, CA 90029 | NONE | PUBLIC | FUNDS FOR CHARITY | 500 |
| PALOS VERDES CONCOURS D'ELEGANCE 3411 LA SELVA PLACE PALOS VERDES ESTATE, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 600 |
| JOSE ZAYAS EVANGELISM INTERNATIONAL PO BOX 1 PORTLAND, OR 97207 | NONE | PUBLIC | FUNDS FOR CHARITY | 700 |
| KINGS HARBOR CHURCH 226B CALLE MIRAMAR REDONDO BEACH, CA 90277 | NONE | PUBLIC | FUNDS OF CHARITY | 1,700 |
| CHILDREN'S HOSPITAL 4650 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) | | | | |
| a 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 WOODBRIDGE, 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 |
| Total | | | | 417,360 |
| ► 3a | | | | |

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 | | | | |
| USC NORRIS CANCER CENTER1441 EASTLAKE AVE LOS ANGLES, 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 |
| CHRYSALIS1857 LINCOLN BLVD SANTA MONICA, CA 90404 | NONE | PUBLIC | FUNDS FOR CHARITY | 2,000 |
| Total | | | | 417,360 |
| | | | ► 3a | |

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 | | | | |
| BIOLA UNIVERSITY 13800 BIOLA AVENUE LA MIRADA, CA 90639 | NONE | PUBLIC | FUNDS FOR CHARITY | 10,000 |
| TORRANCE MEMORIAL MEDICAL CEN 3330 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 AMERICA 2333 SCOUT WAY LOS ANGELES, CA 90026 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| VICTORY OUTREACH 759 E 223RD STREET CARSON, CA 90745 | NONE | PUBLIC | FUNDS FOR CHARITY | 1,000 |
| SOUTHWEST BIBLE CHURCH 14605 SW WEIR ROAD BEAVERTON, OR 97007 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901 | NONE | PUBLIC | FUNDS FOR CHARITY | 20,000 |
| WORLD VISION PO BOX 70200 TACOMA, WA 98481 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| SOWERS INTERNATIONAL PO BOX 2260 ORANGE, CA 92859 | NONE | PUBLIC | FUNDS FOR CHARITY | 10,000 |
| PENINSULA EDUCATION FOUNDATION PO BOX 2632 PALOS VERDES PENINS, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 22,000 |
| HIS NESTING PLACE 350 EAST MARKET STREET LONG BEACH, CA 90805 | NONE | PUBLIC | FUNDS FOR CHARITY | 10,000 |
| CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862 | NONE | PUBLIC | FUNDS FOR CHARITY | 7,000 |
| PROJECT MEXICO NO 2 JOHNS CANYON ROAD ROLLING HILLS, CA 90274 | NONE | PUBLIC | FUNDS FOR CHARITY | 5,000 |
| ROLLING HILLS CONVENTIONAL CHURCH 2222 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 |
| 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) | | | | |
| a Paid during the year | | | | |
| OHSU MS CENTER OF OREGON 1121 SW SALMON STREET 200 PORTLAND, OR 97205 | NONE | PUBLIC | FUNDS FOR CHARITY | 25,000 |
| Total | | | ► 3a | 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

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------------------------|-------------------------------|--------------------------------------|
| 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 Investment Income | Adjusted Net Income | Disbursements 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 Investment 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 | | |