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

OMB No 1545-0052

Department of the Treasury Internal Revolute Service

SCANNED AUG 1 1 2010

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

2009

For calendar year 2009, or tax year beginning , 2009, and ending ,										
G Cine	ck all that apply	X Initial return	Init	ial Return o	of a former p	ublic charity			Fir	nal return
	,	Amended ret	urn		Address	change	Name change			
Use th	,					-		A	Employer identification no	ımber
IRS lab	el THE ISHID	A-WINIFRED	FOUNI	DATION					35-6817139	
Otherw	ise, % TRUST C	COMPANY OF					h	В	Telephone number (see the	e instructions)
print or type	V ITANT DOIT	ERFIELD ROA		000					630-545-3681	
See Specific DOWNERS GROVE, IL 60515					l la		If exemption application i	s pending, check here		
Instructions							Foreign organizations, ch	. —		
H C	heck type of organi	ization X Sec	etion 50	1(c)(3) exe	mpt private f	oundation	ᅱ`	_	2 Foreign organizations me	
·· Γ		1) nonexempt cha					ion	•	here and attach computat	
I Fa	ir market value of all as				ethod X C			Ε	If private foundation statu	
(fi	rom Part II, column (c), i	line 16)		Other (specif				_	under section 507(b)(1)(A	
►ŝ	55	9,291.	(Part I			n cash basis)	1	F	under section 507(b)(1)(E	
Part I	Analysis of F		(, 0, 1,	1				. 1		
1 4.11		he total of amoun	ts ın	(a) Rev	enue and s per books	(b) Net inves		t	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c)), and (d) may not	neces-	CAPCINGO	per books		•		W COM C	purposes
	sarily equal the (see the instruc	amounts in colun	ın (a)							(cash basis only)
		ts, grants, etc, received	(att sch)	 	523,829.			\dashv		
		e foundn is not req to a		—				一		i
		avings and tempo		<u> </u>						<u> </u>
	cash investm	nents	-		8.			B.	N/A	4
	_	nterest from securities			12,897.	11	.,100	0.		
	5a Gross rents	_						\dashv		ļ
	D Net rental income or (loss)				01 060			_		
R E	6a Net gain/(loss) fr b Gross sales price	om sale of assets not o			21,062.				 	
V	assets on line 6a		<u>, 871 .</u>			21	0.67	- 		
E	7 Capital gain net	income (from Part IV, II	ne 2)			21	, 062	 		
N U		m capital gain						\dashv		
Ĕ	9 Income mod							\dashv		1
	10 a Gross sales less returns and allowances							ŀ		
	b Less Cost of goods sold.									
	c Gross profit/(lo	ss) (att sch)						寸		
		e (attach schedule	e)			 		T		1
		· (antest)	- 7					ŀ		
	12 Total. Add In	nes 1 through 11			557,796.	32	2,170	0.		
		officers, directors, trus	ees, etc		0.					
	14 Other employee	salaries and wages								<u></u>
	15 Pension plar	ns, employee ben	efits							
A	16 a Legal fees (attac									
D M	b Accounting fees	(attach sch) SEE	ST 1		3,695.	2				1,232.
N	c Other prof fees	(attach sch) SEE	ST ₂		3,054.	3	3,0 <u>5</u> 4	4.		
O i	17 Interest							ᆜ		
E T	18 Taxes (attach school)	Been VEED	STM 3		112.		112	2.		<u></u>
À À	19 Depreciation	-(attach	781							
	sch) a nd de t	netion	IÖI	 				┈┤	·	<u> </u>
N Ý G E	20 Occupancy 21 Traver confi	ofetion UGCes, and mee	liggent		1,410.	-		\dashv	<u>.</u>	1,410.
A E	22 Printing and	publications.	<u> </u>		1, 110.	<u> </u>		寸		
A E N X D P	23 Other expen	Sas fortach sched	(Île)				-	寸		
E	<u> </u>	(SEE CSTATEM	ENT 4		765.		-35	7.		765.
Š	24 Total operat	ing and administ	rative		0 000	_		<u>,</u> [2 407
Ş		dd lines 13 throug			9,036.	5	, 27	۷٠,		3,407.
	•	ifts, grants paid PAR			3,000.	 				3,000.
	26 Total expense Add lines 24	ses and disburser	ments.		12,036.	5	, 272	, 1		6,407.
	27 Subtract line			 	12,000.	 	1 2 1 4			0, 201.
	a Excess of re	venue over expe	nses					ļ		i i
	and disburs	ements.			545,760.					<u> </u>
	b Net investment	income (if negative, ent	er -0-).			26	5,898	<u>8.</u>		(
	C Adjusted net inc	ome (if pegative, enter	-0-)	1		I		- 1		I

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

TEEA0504L 02/02/10



Page 2

David		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
Part	<u> </u>	Balance Sheets column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing .		38,809.	38,809.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Plēqūes tecensēple ►			
	}	Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).			
	7	Other notes and loans receivable (attach sch)			J
A S E T		Less. allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Ī	9	Prepaid expenses and deferred charges	_		
S	10:	a Investments — U.S. and state government obligations (attach schedule) STATEMENT 5		68,728.	
		b Investments — corporate stock (attach schedule) STATEMENT 6		274,698.	
		c Investments — corporate bonds (attach schedule) STATEMENT 7		166,815.	168,130.
	11	Investments — land, buildings, and equipment basis		_	
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis.			
		Less, accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers – see instructions Also, see page 1, item I)	0.	549,050.	559,291.
Ļ	17	Accounts payable and accrued expenses			1
Á	18	Grants payable			1 '
В	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			!
I T	21	Mortgages and other notes payable (attach schedule) .			
1	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			1
N F	24	Unrestricted			_
ΤN	25	Temporarily restricted			j
ΔD	26	Permanently restricted		-	1
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds .		549, <u>05</u> 0.	1
SN	28	Paid-in or capital surplus, or land, building, and equipment fund		_]
O E	29	Retained earnings, accumulated income, endowment, or other funds]
ŔŠ	30	Total net assets or fund balances (see the instructions)	0.	549,050.	
	31	Total liabilities and net assets/fund balances (see the instructions)	0.	549,050.	
Part	III	Analysis of Changes in Net Assets or Fund Balance		313,000.	<u> </u>
1	Tota	Il net assets or fund balances at beginning of year – Part II, colu		gree with	
		of-year figure reported on prior year's return)		1	0.
		er amount from Part I, line 27a .		2	545,760.
		Increases not included in line 2 (itemize) SEE STATEMENT	8	3	3,290.
		lines 1, 2, and 3		5	549,050.
		eases not included in line 2 (itemize) If net assets or fund balances at end of year (line 4 minus line 5)	- Part II column (b) !		549,050.
	. 5.6	not assets or rand balances at end of year (line 4 millus line 3)	, art ii, colulliii (b), i		1 327,000.

Par	(a) List and describe 2-story brick warehous	e the kind(s) of property sold (e.g., r.e.; or common stock, 200 shares ML	eal estate,	(b) How acc P — Purc D — Dona	hase	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
		LINOIS - SEE ATTACHED		D		VARIOUS	VARIOUS
b	TRUST COMPANY OF IL	LINOIS - SEE ATTACHED		D		VARIOUS	VARIOUS
c		<u> </u>					
d	<u> </u>		<u></u>				
e				<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa	le		(h) Gain or (e) plus (f) m	inus (g)
a				8,273.			6,252.
<u>b</u>	201,346.	· · · · · · · · · · · · · · · · · · ·	18	6,536.			14,810.
c							
d							
e							
		ng gain in column (h) and owned by			_	(1) Gains (Coli	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		g tha	ain minus column (I an -0-) or Losses (fr	om column (h))
а							6,252.
b							14,810.
					L		
d							
е							
2	Capital gain net income or (net	capital loss). If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	<u>-</u>	2		21,062.
3	Net short-term capital gain or (loss) as defined in sections 1222(5)	and (6)				
		e 8, column (c) (see the instructions)	7	_			
	in Part I, line 8	e 6, column (c) (see the instructions,	7. II (1035), CITICI -0		3		6, <u>252.</u>
Par	t V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me		
Was	es,' the foundation does not qual	tion 4942 tax on the distributable an ify under section 4940(e) Do not co	mplete this part.			Yes	No
		n each column for each year, see th		ig ariy erili	163	(4)	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(col	(d) Distributior umn (b) divided	
	2008						
	2007				ļ		
	2006				ļ		
	2005						
	2004				<u> </u>		
2	Total of line 1, column (d)				2		
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than !	otal on line 2 by 5, or by the 5 years	•	3		
4	-	table-use assets for 2009 from Part			4		 -
7		table use assets for 2003 from Fair	74, III.O O			,	
5	Multiply line 4 by line 3				5	1	
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6		
7	Add lines 5 and 6				7_	<u> </u>	
8	Enter qualifying distributions fr				8		
	If line 8 is equal to or greater the Part VI instructions.	han line 7, check the box in Part VI,	line 1b, and complete that	part using	a 1%	tax rate See t	he

	990-PF (2009) THE ISHIDA-WINIFRED FOUNDATION 35-6817139		F	age 4
Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instruct	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,			<u>538.</u>
	check here ► 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, column (b).			
2	Tax under section 511 (domestic section 4947(a)(i) trusts and taxable		 _	
	foundations only Others enter -0-)			0.
3	Add lines 1 and 2			<u>538.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			<u>538.</u>
6	Credits/Payments			
a	2009 estimated tax pmts and 2008 overpayment credited to 2009			
t	Exempt foreign organizations — tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) . 6c 1,000.			
C	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		<u>1, (</u>	000.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		4	162.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax			0.
Par	VII-A Statements Regarding Activities			
1 a	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?	1 a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		Х
	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	1 c		X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	- 10		^
•	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow 0.			İ
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. • \$ 0.		_	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4ь	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
	● 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		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	\neg		
	IL			
F	of 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	8ь	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 9	10	х	

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Form	990-PF (2009) THE ISHIDA-WINIFRED FOUNDATION	35-681713	9	Р	age 5
Par	t VII-A Statements Regarding Activities Continued		,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	n application?	13	Х	
14		e no ► <u>630-54</u> ► 60515	15-3	681	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		N/A	. -	∏ N/A
Day	and enter the amount of tax-exempt interest received or accrued during the year t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- 113]			N/A
Par	· · · · · · · · · · · · · · · · · · ·	 -		Yes	No
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			ies	NO
1 2	a 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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X 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 X 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 X No			
ŀ	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 the instruct	ions) ⁷	1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ ∐			
(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		Х
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)):				
i	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?	Yes X No			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20				
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494	2(a)(2)]
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see the instructions).	(a)(2) to	2b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years > 20, 20, 20	here.			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
I	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 approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	n ed	3b	N.	/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		х
I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?.		4b		X

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Form 990-PF (2009) THE ISHIDA-WINIFRE	ED FOUNDATION		35-681	L7139	Page 6
Part VII-B Statements Regarding Activit	es for Which Forn	n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	r any amount to.				
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	on (section 4945(e))?	Yes X	No	1
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955); or to carry		No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes? .	Yes X	No	
(4) Provide a grant to an organization other if in section 509(a)(1), (2), or (3), or section	ıarı a chantable, etc. ö 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	!
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the except ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive at on a personal benefit contract?			Yes [X]	1	
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b	X
If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the found	dation a party to a prob	whited tax shelter transa	ction? Yes X	No.	
b If yes, did the foundation receive any proceed	• •			7b	N/A
Part VIII Information About Officers, D				1	
and Contractors					
1 List all officers, directors, trustees, foundation	n managers and their		ructions).		
(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 other allo	
CALVIN ISHIDA	DIST. COMMIT	0.	0.		0.
5801 N SHERIDAN RD 19C	8.00				
CHICAGO, IL 60660					
_CHIKAKO_AMAGAYA	DIST. COMMIT	0.	0.		0.
5801 N SHERIDAN RD 19C	4.00				
CHICAGO, IL 60660					
TRUST COMPANY OF ILLINOIS	TRUSTEE	0.	0.		0.
1901 BUTTERFIELD ROAD STE 1000 DOWNERS GROVE, IL 60614	4.00				
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see ir	structions). If none, e	nter '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 other allo	account, wances
NONE			, , , , , , , , , , , , , , , , , , ,		
Total number of other employees paid over \$50,000)		>		0
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Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign fo	oundations,
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	1 a	427,250.
b Average of monthly cash balances .	1 b	48,631.
c Fair market value of all other assets (see instructions)	1c	10/031.
d Total (add lines 1a, b, and c)	1 d	475,881.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	475,881.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,138.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	468,743.
6 Minimum investment return. Enter 5% of line 5.	6	23,437.
Part XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operand certain foreign organizations check here ► and do not complete this		undations
1 Minimum investment return from Part X, line 6	1	23,437.
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009. (This does not include the tax from Part VI.).	<u> </u>	
c Add lines 2a and 2b	2 c	538.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	22,899.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	22,899.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	22,899.
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	6,407.
b Program-related investments — total from Part IX-B	1 b	
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).	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,407.
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 instructions).	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,407.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will qualifies for the section 4940(e) reduction of tax in those years	nether the fo	oundation
BAA		Form 990-PF (2009)

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				22,899.
2 Undistributed income, if any as of the end of 2009.				
a Enter amount for 2008 only			0.	
b Total for prior years. 20 , 20, 20	- 1	0,		
3 Excess distributions carryover, if any, to 2009				
a From 2004		Ì		
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4: ► \$6, 407.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				6,407.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	_		
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				16,492.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9		T		
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008.				
e Excess from 2009				
BAA				Form 990-PF (2009)

Form 990-PF (2009) THE ISHIDA-WINIFI	RED FOUNDATI	ON		35-6817139	
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or on its effective for 2009, enter the date of the	ruling	•			
b Check box to indicate whether the foundat		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(b) 2009	Prior 3 years (c) 2007	(d) 2006	(e) Total
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(u) 2000	(e) Total
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:		ľ			
(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:					
 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	L				
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	id \$5,000 or mo	re in
Information Regarding Foundation Managers at any managers of the foundation who close of any tax year (but only if they have CALVIN ISHIDA	gers:	nore than 2% of the	total contributions r section 507(d)(2))	eceived by the foun	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more foundation has a	of the stock of a cor 10% or greater inter	poration (or an equiest.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	nakes contribution s gifts, grants, etc	s to preselected cha , (see instructions) t	eritable organization to individuals or orga	anizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	d	
b The form in which applications should be	submitted and info	rmation and materia	als they should inclu	de	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	ible fields, kinds of i	nstitutions, or other	factors [.]
BAA		EEA0310L 07/06/09		F	Form 990-PF (2009)

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Form 990-PF (2009) THE ISHIDA-WINIFRED FOUNDATION 35-6817139 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Recipient status of Amount recipient Name and address (home or business) a Paid during the year CHICAGO JAPANESE AMERICAN ALL CONTRIBUTIONS 1,500. HISTORICAL SOC WERE MADE FOR THE GENERAL, CHARITABLE, 4117 N. ALBANY CHICAGO, IL 60618 EDUCATIONAL OR SCIENTIFIC PURPOSE OF EACH ORGANIZATION. KOREAN AMERICAN COMMUNITY ALL CONTRIBUTIONS 1,500. WERE MADE FOR THE **SERVICES** GENERAL, CHARITABLE, 4300 N. CALIFORNIA AVE EDUCATIONAL OR CHICAGO, IL 60618 SCIENTIFIC PURPOSE OF EACH ORGANIZATION. За 3,000. **Total** b Approved for future payment

▶ 3 b

Total

Part XVI-A Analysis of Income-Producing Activities

, t 14

,	amounts unless otherwise indicated		d business income		section 512, 513, or 514	
	•	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
_	am service revenue			code		(see the instructions
ь		+ +		 		
c						
d				 		
f		 	- -	 		
g Fees	and contracts from government agencies					
2 Memb	pership dues and assessments					
	t on savings and temporary cash investments			14	8.	
	ends and interest from securities			14	12,897.	
	ental income or (loss) from real estate: financed property					
	ebt-financed property					
	ital income or (loss) from personal property	\	*			.
	investment income					
	(loss) from sales of assets other than inventory			18	21,062.	
	ncome or (loss) from special events		<u>.</u>	 		*
	s profit or (loss) from sales of inventory			 		
11 Other a				 		··-
		 		1		<u> </u>
		<u> </u>				
е		1			22.057	
					33,967.	
	otal Add columns (b), (d), and (e)			_ 		
13 Total.	Add line 12, columns (b), (d), and (e)	alculations)			13	33,967
13 Total. See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c		shment of Evenu	ot Purnose	13	
I3 Total. See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
I3 Total. See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
I3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. iee works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. iee works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. iee works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. iee works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. iee works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. iee works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
i3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
I3 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
13 Total. See works art XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967
13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify c B Relationship of Activities to the	e Accompli		<u> </u>	13 <u>.</u>	33,967

1 Did the organization directly or indirectly engage in any of the following with any other organization

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

	descr	ibed in section 501(c) o ng to political organizati	of the Code (other	er than section 501(c)(3)	organizations	s) or in section 52	27,			}
		-		noncharitable exempt or	nanization of					İ
	(1) 0	, ,	Tournaution to u	nonenantable exempt on	garnzation or				- -	X
		ther assets						1a (2)		X
	٠,	transactions				• • •	•••	14(2)		<u> </u>
		ales of assets to a none	charitable evemi	nt organization				1 b (1)		X
		urchases of assets fron	•					1 b (2)		<u>:</u>
		ental of facilities, equip		· -				1 b (2)		X
	` '	emar or racinties, equip embursement arranger	•	35013				1b (3)		<u>X</u>
	` '	oans or loan guarantee						1 b (5)		$\frac{x}{x}$
	٠.	•		or fundraising solicitation				1b (6)		X
	• •		•	or fundraising solicitation, other assets, or paid en				1c		$\frac{\dot{x}}{x}$
	Conan	ng or racinties, equipme	ent, mannig nsts	, other assets, or paid en	ployees					<u></u>
	d If the the goany to	answer to any of the a oods, other assets, or s ansaction or sharing ar	ervices given by rangement, sho	mplete the following school the reporting foundation win column (d) the value	. If the found of the good:	lation received le s, other assets, c	ss than fair marke ir services receive	t value in d	_	
_) Line no.	(b) Amount involved	(c) Name of r	oncharitable exempt organizatio	n (d)	Description of transf	ers, transactions, and	sharing arrang	ements	
N,	/A									
	_									
_										
						×				
				.						
_						<u>.</u>				—
						<u></u>		·		
						, <u>, , , , , , , , , , , , , , , , , , </u>				
	descr	foundation directly or libed in section 501(c) c s,' complete the following	of the Code (other	ed with, or related to, one or than section 501(c)(3))	or in section	527?		Yes	XN	o
		(a) Name of organization	on	(b) Type of organiz	ation	(c)	Description of rela	ationship		
N.	/A		 		-					
_			 							—
										—
						 				—
\neg				an an awar o		<u> </u>		aliaf it is tone		
	Under pen complete	Declaration of the party of the second	han wysa je za ilduci	eturofi Mercha Occompanying so	nedules and state f which preparer h	ements, and to the besi has any knowledge	or my knowledge and c	ener, it is true,	correct,	טווג
		8001/10	TS soul	Ross	~	4-11-	- · · · · ·	١.		
s	>	- Sylphan		Count	//	<i>130 10</i>	- Sinior P	artner		
S I G	Sign	ature of officer or trustee			Date		Title			
G				1	Date	- I /		arer's Identifying		
Ħ	Paid	Preparer's Signature	MY DUBOW (Inin /71	7	/クラ/ハハー!	self-	Signature in th	e 1115(f5)	
HERE	Pre-			& HARRIS LLC			CE 334			—
	parer's Use	Firm's name (or yours if self-employed). NAVIX	EST JACKSO		Q.		EIN ► 65-116	74016		—
	Only	address, and CUTC		N <i>Б</i> ББVD. SUITE /I 604-3747			Phono po ► (21	2) 461-	በጸ76	
	^^	ZIP code CRICA	100, 111 00	004 J141		1'	Phone no ► (31	Form 990 -		_
D/	AA							1 01111 990	(20	,05)

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

THE ISHIDA	-WINIFRED FOUNDATION	z.mployer identification trained
	MPANY OF ILLINOIS	35-6817139
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiz	zation
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation
	527 political organization	
	_	
Form 990-PF	X = 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	501(c)(3) taxable private foundation	
		
Check if your organization is covere	ed by the General Rule or a Special Rule or (10) organization can check boxes for both the Gene	oral Pula and a Special Pula. See instructions
Note: Only a section 501(c)(7), (6),	or (10) organization can check boxes for both the Gen	eral Nuie and a Special Nuie See instructions
General Rule –		
	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 a	ind II)	, , , , , , , , , , , , , , , , , , , ,
Special Rules —		
For a section 501(c)(3) organiza	ation filing Form 990 or 990-EZ, that met the 33-1/3% s	support test of the regulations under sections
509(a)(1)/170(b)(1)(A)(vi) and receive	ved from any one contributor, during the year, a contribution (III, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I	of the greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or ((10) organization filing Form 990 or 990-EZ, that receive than \$1,000 for use <i>exclusively</i> for religious, charitable	ed from any one contributor, during the year, e. scientific, literary, or educational purposes, or the
prevention of cruelty to children	or animals. Complete Parts I, II, and III.	of solontino, morally, c. consumons, purposes, and
\Box For a section 501(c)(7), (8), or ((10) organization filing Form 990 or 990-EZ, that receive	red from any one contributor, during the year,
contributions for use exclusively	y for religious, charitable, etc, purposes, but these conti the total contributions that were received during the year	ributions did not aggregate to more than \$1,000 if
purpose. Do not complete any o	of the parts unless the General Rule applies to this organic	anization because it received nonexclusively
	butions of \$5,000 or more during the year .	. > \$
Caution: An organization that is not	t covered by the General Rule and/or the Special Rules	s does not file Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on	i Part IV. line 2 of their Form 990, or check the box on I	line H of its Form 990-EZ, or on line 2 of its Form
990-PF, to certify that it does not m	neet the filing requirements of Schedule B (Form 990, 9	390-EZ, or 990-PF)
BAA For Privacy Act and Paperwo	ork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)
for Form 990, 990EZ, or 990-PF.		

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

Page 1 of 1
Employer identification number

of Part I

35-	681	71	30	

THE ISHIDA-WINIFRED FOUNDATION

Part I	Contributors (see instructions.)			
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
1	CALVIN_ISHIDA 5801 N SHERIDAN RD 19C CHICAGO, IL 60660	- - -	209,770.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
2	CALVIN ISHIDA-PART 1 5801 N SHERIDAN RD 19C CHICAGO, IL 60660	- - \$	106,275.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
3	CALVIN ISHIDA-PART 2 5801 N SHERIDAN RD 19C CHICAGO, IL 60660	\$	50,515.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
	, ,	\$	Aggregate	
Number	Name, address, and ZIP + 4 CALVIN ISHIDA-PART 3 5801 N SHERIDAN RD 19C	\$	Aggregate contributions	Person Payroll X (Complete Part II if there
4 (a)	Name, address, and ZIP + 4 CALVIN ISHIDA-PART 3 5801 N SHERIDAN RD 19C CHICAGO, IL 60660 (b)	\$	Aggregate contributions 22,941.	Person Payroll (Complete Part II if there is a noncash contribution)
4 (a) Number	Name, address, and ZIP + 4 CALVIN ISHIDA-PART 3 5801 N SHERIDAN RD 19C CHICAGO, IL 60660 (b) Name, address, and ZIP + 4 CALVIN ISHIDA-PART 4 5801 N SHERIDAN RD 19C	\$	Aggregate contributions 22,941. (c) Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash X (Complete Part II if there

Page :

of 1

of Part II

Name of organization

THE ISHIDA-WINIFRED FOUNDATION

Employer identification number 35-6817139

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
*****	60 SHS OF EDWARDS LIFESCIENCES CORP			
2	800 SHS JOHNSON & JOHNSON			
	800 SHS MCDONALDS CORP			
	144 SHS MEDCO HEALTH SOLUTIONS INC	\$	106,275.	VARIOUS
	100 SHS NEWMONT MINING CORPORATION			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	1,300 SHS NUSTAR GP HOLDINGS LLC		·	
3	100 SHS TRAVELERS COMPANIES INC			
	10 SHS UTS T/E 347			
	5 SHS UTS T/E 69	\$	50,515.	VARIOUS
	10 SHS UTS T/E 164		·	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	10 SHS UTS T/E 200			•
4	6 SHS UTS T/E 206			
	5 SHS UTS T/E 239			
	10,000 SHS HUNTSVILLE ALA RFDG WTR SER E	\$	22,941.	VARIOUS
	5,000 SHS NEW HAMPSHIRE ST HSG FIN AUTH			
(a) No. from	(b) Description of noncash property given		(c) FMV (or estimate)	(d) Date received
Part I			(see instructions)	
	10.000 SHS NORWIN PA SCH DIST		(see instructions)	
	10,000 SHS NORWIN PA SCH DIST		(see instructions)	
	10,000 SHS OLMSTED CNTY MINN		(see instructions)	
	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A		(see instructions)	VARTOUS
	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO	\$_	(see instructions)	VARIOUS
	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A	\$_	(see instructions)	VARIOUS (d) Date received
5 (a) No. from	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given	\$_	(see instructions) 104,171. (c) FMV (or estimate)	(d)
(a) No. from Part I	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given	\$_	(see instructions) 104,171. (c) FMV (or estimate)	(d)
5 (a) No. from	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given	\$_	(see instructions) 104,171. (c) FMV (or estimate)	(d)
(a) No. from Part I	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given	\$\$	(c) FMV (or estimate) (see instructions)	(d)
(a) No. from Part I	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given		(see instructions) 104,171. (c) FMV (or estimate)	(d) Date received
(a) No. from Part I	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I 6	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given 3480.274 SHS MFS GROWTH ALLOCATION FD CL A 505 SHS NUVEEN MUNICIPAL VALUE FD 2		(c) FMV (or estimate) (see instructions) 42,200.	(d) Date received VARIOUS
(a) No. from Part I 6	10,000 SHS OLMSTED CNTY MINN 10,000 SHS PHOENIX ARIZ RFDG SER A 15,000 SHS SUMTER CNTY SC SCH DIST NO 3872.215 SHS LEGG MASON MANAGED MUNICIPLE FD (b) Description of noncash property given 3480.274 SHS MFS GROWTH ALLOCATION FD CL A 505 SHS NUVEEN MUNICIPAL VALUE FD 2		(c) FMV (or estimate) (see instructions) 42,200.	(d) Date received VARIOUS

BAA

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

BAA

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Employer identification number Name of Exempt Organization Type or THE ISHIDA-WINIFRED FOUNDATION print % TRUST COMPANY OF ILLINOIS 35-6817139 File by the due date for filing your return See Number, street, and room or suite number. If a P O box, see instructions 1901 BUTTERFIELD ROAD #1000 instructions City, town or post office, state, and ZIP code For a foreign address, see instructions. DOWNERS GROVE, IL 60515 Check type of return to be filed (file a separate application for each return): Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 6069 Form 990-EZ Form 8870 X Form 990-PF Form 1041-A The books are in the care of ► TRUST COMPANY OF ILLINOIS FAX No ► 630-960-2250_____ Telephone No. ► 630-545-3681 • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until $\underline{8/15}$ _ ___, 20 $\underline{10}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 09 or tax year beginning _____, 20 ___, and ending 2 If this tax year is for less than 12 months, check reason | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ 1,000. nonrefundable credits See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 3Ы\$ made Include any prior year overpayment allowed as a credit

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

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

See instructions

Form 8868 (Rev 4-2009)

1,000.

2009	FEDERAL STATEMENTS THE ISHIDA-WINIFRED FOUNDATION % TRUST COMPANY OF ILLINOIS	PAGE 1 35-6817139
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 3,695. \$ 2,463. TOTAL \$ 3,695. \$ 2,463.	(D) CHARITABLE PURPOSES \$ 1,232. \$ 1,232.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
TRUST CO. OF IL - MANAGEMEN	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED INCOME NET INCOME TOTAL \$ 3,054. \$ 3,054. TOTAL \$ 3,054. \$ 3,054.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN TAXES.	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 112. \$ 112. TOTAL \$ 112. \$ 112.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
EXEMPTION APPLICATION FEE IL FILING FEE TAX EXEMPT EXP ALLOCATION	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 750. 15. \$ -357. TOTAL \$ 765. \$ -357.	(D) CHARITABLE PURPOSES \$ 750. 15. \$ 765.
STATEMENT 5 FORM 990-PF, PART II, LINE 10A INVESTMENTS - U.S. AND STATE	GOVERNMENT OBLIGATIONS	
STATE/MUNICIPAL OBLIGATIONS	VALUATION BOOK METHOD VALUE	FAIR MARKET VALUE

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	FEDERAL S			PAGE 2
•	HE ISHIDA-WINIF			35-6817139
STATEMENT 5 (CONTINUED) FORM 990-PF, PART II, LINE 10A INVESTMENTS - U.S. AND STATE G 10 SHS UTS T/E 347 5 SHS UTS T/E 69 10 SHS UTS T/E 164 10 SHS UTS T/E 200 6 SHS UTS T/E 206 5 SHS UTS T/E 239 10000 SHS HUNTSVILLE ALA RFD 10000 SHS NORWIN PA SCH DIST 10000 SHS OLMSTED CNTY MINN 15000 SHS SUMTER CNTY SC SCH	G WTR SER E	COST COST COST COST COST COST COST COST	\$ 8,878. \$ 3,739. 4,011. 2,203. 2,108. 2,789. 10,000. 10,000. 10,000. 15,000. 68,728. \$	9,289. 2,947. 2,205. 2,060. 2,790. 2,171. 10,771. 10,394. 10,661. 15,043.

TOTAL \$ 68,728. \$

68,331.

STATEMENT 6 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
2464.867 SHS FIDELITY ADV NEW INSIGHTS I 406.378 SHS GOLDMAN SACHS MID CAP VALUE 543.675 SHS MORGAN STANLEY INSTL SM COMP 3914.033 SHS VANGUARD DIVIDEND GROWTH FD 786.952 SHS CALDWELL & ORKIN MKT OPP 1262.162 SHS HUSSMAN STRATEGIC GROWTH FD 1898.374 SHS GMO EMERGING COUNTRIES III 1323.108 SHS MORGAN STANLEY INSTL INT'L 891.221 SHS TEMPLETON INSTL FOREIGN EQ 5213.876 SHS PIMCO ALL ASSET ALL AUTH 656.05 SHS COHEN & STEERS INSTL GLOBAL 798.937 SHS RYDEX MANAGED FUTURES-H	COST COST COST COST COST COST COST COST	\$ 38,24 10,89 5,51 50,44 16,34 16,34 17,04 16,34 16,34 16,34 16,34 16,34 16,34	42,864. 11,854. 6,057. 4. 51,548. 5. 15,550. 6. 16,130. 6. 18,585. 17,227. 17,201. 5. 53,442. 7. 12,143. 21,420.
	101711	\$ 214,00	<u> </u>

STATEMENT 7 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATION METHOD		BOOK VALUE	 AIR MARKET VALUE
2798.714 SHS PIMCO SH TERM FUND INSTL 13022.881 SHS PIMCO TOTAL RETURN FUND	COST COST TOTAL	\$ \$	27,316. 139,499. 166,815.	\$ 27,483. 140,647. 168,130.

2009

FEDERAL STATEMENTS

THE ISHIDA-WINIFRED FOUNDATION % TRUST COMPANY OF ILLINOIS

PAGE 3

35-6817139

STATEMENT 8 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

OTHER NON TAXABLE RECEIPTS

3,290. 3,290. TOTAL \$

STATEMENT 9 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

CALVIN ISHIDA

5801 N. SHERIDAN RD. 19C CHICAGO, IL 60660

Chrust Company of ILLINOIS

ISHIDA-WINIFRED FOUNDATION

ACCOUNT NUMBER: STATEMENT PERIOD:

32-222-01-9 06/05/09 - 12/31/09

35-6817139

	PURCHASES	S		
	DATE		COST	
MORGAN STANLEY INSTL SMALL COMPANY GROWTH FUND				
RECD .313 SHS AS A REINVESTED CAPITAL GAINS DISTRIBUTION	12/22/09		3.44	
RECD 6.380 SHS AS A REINVESTED CAPITAL GAINS DISTRIBUTION	12/22/09		70.18	
FIDELITY ADV NEW INSIGHTS I RECD 5.808 SHS AS A REINVESTED CAPITAL GAINS DISTRIBUTION	12/24/09		100.82	
TOTAL PURCHASES		•	\$ 495,989.22	
	REALIZED GAINS/LOSSES	LOSSES		
	DATE	PROCEEDS	COST REA	REALIZED GAIN/LOSS
NEW HAMPSHIRE ST HSG FIN AUTH 3.200 DUE 07/01/2009 RECD PROCEEDS ON MATURITY OF 5,000 PAR VALUE	07/01/09			
LEGG MASON MANAGED MUNICIPAL FD CL A SOLD 3872.215 SHS 08/13/09 @ 15.19	08/14/09	58,818.95	-59,952.66	-1,133.71
MFS GROWTH ALLOCATION FD CL A SOLD 3480.274 SHS 08/13/09 @ 11.24	08/14/09	39,118.28	-36,295.56	2,822.72

Company of ILLINOIS

ISHIDA-WINIFRED FOUNDATION

ACCOUNT NUMBER: STATEMENT PERIOD:

32-<u>?222</u>-01-9 06/05/09 ·· 12/31/09,

	REALIZED GAINS/LOSSES	/LOSSES		
	DATE	PROCEEDS	COST REA	REALIZED GAIN/LOSS
NUVEEN MUNICIPAL VALUE FD 2 SOLD 505 SHS 08/13/09 @ 15.3128	08/18/09	7,722.66	-7,500.00	222.66
EDWARDS LIFESCIENCES CORP SOLD 60 SHS 08/17/09 @ 63.85	08/20/09	3,827.40	-3,090.30	737.10
JOHNSON & JOHNSON SOLD 800 SHS 08/17/09 @ 59.7318	08/20/09	47,768.21	-49,250.00	-1,481.79
MCDONALDS CORP SOLD 800 SHS 08/17/09 @ 54.9818	08/20/09	43,968.30	-38,676.00	5,292.30
MEDCO HEALTH SOLUTIONS INC SOLD 144 SHS 08/17/09 @ 54.1018	08/20/09	7,786.95	-5,318 64	2,468.31
NEWMONT MINING CORPORATION SOLD 100 SHS 08/17/09 @ 39.0836	08/20/09	3,904.75	-4,366.50	-461.75
NUSTAR GP HOLDINGS LLC SOLD 1300 SHS 08/17/09 @ 23 5724	08/20/09	30,617.33	-24,242.22	6,375.11
TRAVELERS COMPANIES INC SOLD 100 SHS 08/17/09 @ 46.5818	08/20/09	4,654.56	-1,639.29	3,015.27

PAGE 25 OF 26

Company of ILLINOIS

ISHIDA-WINIFRED FOUNDATION

ACCOUNT NUMBER: STATEMENT PERIOD:

32-2222-01-9 06/05/09 - 12/31/09

REALIZED GAIN/LOSS REALIZEI) GAIN/LOSS 1,105.83 1,666.37 434.52 \$ 21,062.94 \$ 0.00 COST -27,240.00 -16,340.00 \$ -284,808.18 COST -304,402.30 339,838.54 \$ 35,436.24 -10,897.01 12,563.38 PROCEEDS **PROCEEDS** 28,345.83 \$ 305,871.12 304,402.30 -339,838.54 16,774.52 \$ -35,436.24 **MONEY MARKET ACTIVITY** REALIZED GAINS/LOSSES 12/31/09 11/06/09 11/06/09 12/01/09 12/02/09 12/31/09 DATE DATE GOLDMAN SACHS PRIME OBLIGATIONS FUND COHEN & STEERS INSTL GLOBAL REALTY FEDERATED CAPITAL APPRECIATION IS PURCHASES (31) 06/05/09 TO 12/31/09 **TOTAL MONEY MARKET ACTIVITY** TOTAL REALIZED GAINS/LOSSES RECD PROCEEDS ON FULL CALL SALES (8) 06/05/09 TO 12/31/09 SOLD 1010.513 SHS 11/05/09 PHOENIX ARIZ RFDG SER A SOLD 307.172 SHS 11/05/09 SOLD 656.051 SHS 12/01/09 DODGE & COX STOCK FD 4.500 DUE 07/01/2011 10,000 PAR VALUE **@** 16.6

FEE SCHEDULES HAVE BEEN REVISED EFFECTIVE 1/1/2010. PLEASE CONTACT YOUR RELATIONSHIP MANAGER FOR DETAILS.

PAGE 26 OF 26

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev. 4-2009)

 If you are 	filing for an Automatic 3-Month Extension, complete only Part I and check this box	► X
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi	
	lete Part II unless you have already been granted an automatic 3-month extension on a previously t	iled Form 8868.
Partit	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension — check this box and c	complete Part I only .
income tax r		
Electronic Fi returns noted the additiona Form 990-T. this form, vis	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8864 i (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detit www.irs.gov/efile and click on e-file for Charities & Nonprofits	tion of time to file one of the B electronically if (1) you want composite or consolidated trails on the electronic filing of
	Name of Exempt Organization	Employer Identification number
Type or	THE ISHIDA-WINIFRED FOUNDATION	
print	% TRUST COMPANY OF ILLINOIS	35-6817139
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions	
filing your return See	1901 BUTTERFIELD ROAD #1000	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	DOWNERS GROVE, IL 60515	
Check type o	of return to be filed (file a separate application for each return)	
Form 990	Form 990-T (corporation) Form 472	20
Form 990	Form 990-T (ENTANAL OF PROPERTY SERVICE FORM 522 Form 990-T (trust Whe had 150 B) ASSISTANCE Form 606	7
Form 990	Form 990-T (trust What hat 150 B) ASSISTANCE form 606	9
X Form 990		
The books	are in the care of CHARLENE K. WILKE MAY 1 3 2011	
Telephone	No. ► 630-545-3681 FAX No FAX No FAX No FAX No FAX No FAX No FAX No FAX No FAX NO FAX	
• If the ora	anization does not have an office or place of business in the Use of Sales check this box	▶ □
	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for the whole group.
check the	s box D. If it is for part of the group, check this box D and attach a list with the names a	nd EINs of all members
	sion will cover.	
	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	8/15, 20 _10 _, to file the exempt organization return for the organization named above.	
	ension is for the organization's return for:	
► X	calendar year 20_09_ or	
▶	tax year beginning, 20, and ending, 20	
2 If this t	ax year is for less than 12 months, check reason: X Initial return Final return C	hange in accounting period
3a if this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 1,000.
b If this a made	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b\$ 0.
	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). tructions	3c\$ 1,000.
Caution. If yo payment inst	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For ructions.	m 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.