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EXTENDED TO NOVEMBER 15, 2010

Return of Private Foundation

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

OMB No 1545-0052

		nt of the Treasury		reated as a Privat be able to use a copy of this	· · · · · · · · · · · · · · · · · · ·	te repo	orting require	men	ts	ZU	UY	
_		ndar year 2009, or tax ye			, and ending							
_		call that apply	Initial return	Initial return of a fo	ormer public charity				inal return	l		_
_			Amended return	Address chan	ge		Name chang	e				
Us	e the	IRS Name of foundation					A Employe	r ide	entification	number		
	label		FOUNDATION				40 /	- F	07447			
0	herw	· · · · · · · · · · · · · · · · · · ·	ICGLADREY, IN		In		 		87 44 7			
	prin or typ		AVENUE SE,	•	Room/	suite	B Telephon		mber 98-52	15		
Se	e Spe	cific Chunc town state	and 7ID code	5011E 500			+					\neg
Ins	tructi	city of town, state, CEDAR RAP	PIDS. TA 524	01-1512			I			ending, check here s, check here	, L	ヺ
		type of organization	X Section 501(c)(3) ex				2. Foreign	orga	nizations me	eting the 85% test emputation	, ▶	ヿ゙
	_	ection 4947(a)(1) nonexe		Other taxable private founda	ation		i			tus was termina		_
1 1		arket value of all assets a	Ĭ		Accrual					tus was termina (A), check here	tea ► [
		Part II, col (c), line 16)		ther (specify)			F If the four	ndat	ion is in a	60-month termin	nation	
	<u> </u>			mn (d) must be on cash i	basis)		under sec	ction	507(b)(1)	(B), check here	<u> </u>	_
P	art i	(The total of amounts in co	and Expenses olumns (b), (c), and (d) may not unts in column (a))	(a) Revenue and expenses per books	(b) Net investme income	ent	(c) Adj	uste		(d) Disburs for chantable	ements purposes	
_				110,233.	income		N/	-		(cash basis	s only)	
	1 2	Contributions, gifts, gra	INTS, etc., received tion is not required to attach Sch. B	110,233.			1/1/	A		<u> </u>		
	3	Interest on savings and tem cash investments					 					•
	4	Dividends and interest f		21,293.	21,0	98.					***************************************	
	5a	Gross rents		· -	-			Г				 }
	b	Net rental income or (loss)							KE	CEIVEL	,	
<u>a</u>	6a	Net gain or (loss) from sale of		<123,840.	>						امّا	-
Ĩ	b	Gross sales price for all assets on line 6a	270,092.					<u> </u>	NOV	1.9 2010	Q	
Revenue	7	Capital gain net income (from	•			0.						
	8	Net short-term capital g	ain					 	OG	TH WHI		
	100	Income modifications Gross sales less returns	I								I	
	1 .	and allowances Less Cost of goods sold			'!	**1.	 	,		1 11 1 111111 1 -		
		Gross profit or (loss)	L			*******					~~~~~	
	11	Other income										
_	12	Total. Add lines 1 throu	ıgh 11	7,686.	21,0							
	13	Compensation of officers, di	irectors, trustees, etc	0.		0.					0) <u>.</u>
	14	Other employee salaries	•									
y.	15	Pension plans, employe	e benefits	2 400	1 2	^^	ļ			1	200	_
SUS	168	Legal fees Accounting fees		2,400. 964.	1,2	<u>82.</u>	<u> </u>			1	,200 482	
Ž	ם ו	Other professional fees		9,028.	9,0		<u> </u>					· ·
9	17	Interest		3,020.								·
rati	18	Taxes		177.	1	77.					0	
6.016 Administrative Expenses	19	Depreciation and depleti	ion									
Admir	20	Оссиралсу										
	21	Travel, conferences, and	-									
, ē	22	Printing and publication	S									
; <	23	Other expenses	1 _1_441									_
tv∪v ∡ Operating	24	Total operating and address 13		12 569	10,8	Ω7				1	602	,
Ö	25	Contributions, gifts, grai	-	12,569. 23,334.	10,0	<u> </u>	-			23	,682 ,334	•
		Total expenses and dis		20,001	······································						, 554	-
		Add lines 24 and 25		35,903.	10,8	87.]			25	,016	•
	27	Subtract line 26 from lin	ne 12									
	a	Excess of revenue over expe	enses and disbursements	<28,217.	>		} }			 - 	· 1'111.11-11	****
		Net investment income			10,2	11.		·				
923		Adjusted net income (if	negative, enter -0-)				N/	A		- 000 [

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02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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	art	Balance Sheets Attached schedules and amounts in the description column should be for and of the arguments only	Beginning of year	End o	of year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		_ _	
	2	Savings and temporary cash investments	43,353.	36,570.	36,570.
	3	Accounts receivable -			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►	, ,	.,	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		· · · · · ·	
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
ģ	8	Inventories for sale or use			
Assets	g	Prepaid expenses and deferred charges		· ·	
As	10a	Investments - U S and state government obligations STMT 7	27,572.	27,572.	26,566.
		Investments - corporate stock STMT 8	142,905.	105,942.	131,538.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis		· · · · · · · · · · · · · · · · · · ·	
	ļ'''	Less accumulated depreciation	1		
	12	Investments - mortgage loans		•	
	13	Investments - other STMT 9	796,415.	811,295.	921,712.
	14	Land, buildings, and equipment basis			
	'7	Less. accumulated depreciation			
	15	Other assets (describe			
	"	Other assets (sessence >		×	
	16	Total assets (to be completed by all filers)	1,010,245.	981,379.	1,116,386.
_	17	Accounts payable and accrued expenses			
	18	Grants payable		** 15. *** *** ***	
(A)	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	/		
Ē	21	Mortgages and other notes payable		· · · · · · · · · · · · · · · · · · ·	
Ë	1	Other liabilities (describe)			
		Other national (00000100 P			
	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			
es	24	Unrestricted			
Net Assets or Fund Balance	25	Temporarily restricted		······································	
Bala	26	Permanently restricted			
ᅙ	-	Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	1,010,245.	981,379.	
ē	30	Total net assets or fund balances	1,010,245.	981,379.	
2	"	Total liot goods of lend balanoo			
	31	Total liabilities and net assets/fund balances	1,010,245.	981,379.	
					<u></u>
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	1,010,245.
2	•	ramount from Part I, line 27a		2	<28,217.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	982,028.
		eases not included in line 2 (itemize)	SEE STA	ATEMENT 6 5	649.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	981,379.
					Form 990-PF (2009)

Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	t Income					- Tuge C
		ind(s) of property sold (e.g. or common stock, 200 shs			` P	How acquired - Purchase - Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a					+-	Donation	1		
b SEE ATTACHED	STA	TEMENTS					ļ		
<u>C</u>		<u> </u>			+		-	-	
d e					1				
	(f)	Depreciation allowed	(g) Co	st or other basis			 ((h) Gain or (loss)
(e) Gross sales price	ļ ''	(or allowable)		expense of sale				plus (f) minus	
b						_ ·			
C									
d			-						
e 270,092.				393,93	32.	 .			<123,840
Complete only for assets shown						í		ns (Col. (h) gain but not less tha	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any		·		sses (from col (
a									
<u>b</u>							-		
d									·
e									<123,840.
		∫ If gain, also enter	ın Part I, line	7	J			***	4.0.0
2 Capital gain net income or (net ca	apital loss) { If (loss), enter -0-	ın Part I, line	7	<i>y</i>	2			<123,840
3 Net short-term capital gain or (los			d (6)		٦				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (C)			•	3		N/A	
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estment li	ncom	е	
(For optional use by domestic private	e foundati	ons subject to the section 49	940(a) tax on	net investment in	ncome	:)			
If section 4940(d)(2) applies, leave to	his part bl	ank							
Was the foundation liable for the sec	tion 4942	tay on the distributable amo	ount of any w	ear in the hace no	nod2				Yes X No
If "Yes," the foundation does not qua				•	iiuu ,				162 [A] 140
1 Enter the appropriate amount in					es				
(a) Base period years		(b)	ub utions	Natualisa af ma	(c)				(d) oution ratio
Calendar year (or tax year beginni	ng In)	Adjusted qualifying distr	9,915.	Net value of no	ncnar	454,66		(col (b) div	nded by col (c)) • 219754
2008 2007			0.		•••••	7,41			.000000
2006								4-1-1-1	
2005				-					
2004								1	
2 Total of line 1, column (d)								2	.219754
3 Average distribution ratio for the	5-vear bas	se period - divide the total or	n line 2 bv 5.	or by the number	of ve	ars			.217733
the foundation has been in existe	-	•	· · · · · · · · · · · · · · · · · · ·		,			3	.109877
#									062 204
4 Enter the net value of noncharitat	ne-use as:	sets for 2009 from Part X, III	ne 5				├	4	963,204.
5 Multiply line 4 by line 3								5	105,834.
.	4404 6	D							100
6 Enter 1% of net investment incon	10 (1% 01	Part I, line 2/b)					-	6	102.
7 Add lines 5 and 6								7	105,936.
8 Enter qualifying distributions from	r Part XII	line 4						8	25,016.
If line 8 is equal to or greater than			b, and comp	lete that part using	g a 19	6 tax rate	L.,	z. 	
See the Part VI instructions									

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

of each state as required by General Instruction G? If "No," attach explanation

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Х

8b

10

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

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

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

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

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

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X

3b

4a

Yes X No

N/A

during the year?

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

C/O RSM MCGLADREY, INC.

Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of originizations and other beneficianes served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions All other program-related investments See instructions	Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	/lanagers, Highly	
NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Part IX-B Summary of Program-Related investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions All other program-related investments See instructions Total. Add lines 1 through 3 ▶ 0 .	3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 N/A 2	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 N/A 2			
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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 N/A 2	Total number of others receiving over \$50,000 for professional services Deat PV A Summary of Direct Charitable Activities		<u> </u>
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1			
1 N/A 2 3 4 Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A 2 All other program-related investments See instructions 3 Total. Add lines 1 through 3 • 0 .			Expenses
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments See instructions Total. Add lines 1 through 3			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3		······································	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3	2		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3			
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Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount Amount Amount Total. Add lines 1 through 3	4		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount Amount Amount Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount Amount Amount Total. Add lines 1 through 3	Port IV P. O. C. D. L.		
1 N/A 2 All other program-related investments See instructions 3 Total. Add lines 1 through 3	Pacer by the true largest program-related investments made by the foundation during the tay year on lines 1 a	nd 2	Amount
All other program-related investments See instructions Total. Add lines 1 through 3		IIU Z	Amount
All other program-related investments See instructions Total. Add lines 1 through 3 O.	Ι		
All other program-related investments See instructions Total. Add lines 1 through 3 O.	· · · · · · · · · · · · · · · · · · ·		
All other program-related investments See instructions Total. Add lines 1 through 3 O.			
Total. Add lines 1 through 3 Do and the state of the s			
Total. Add lines 1 through 3 Do and the state of the s			
Total. Add lines 1 through 3 Do and the state of the s	All other program-related investments See instructions		
	3		
	Total. Add lines 1 through 3	>	

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1a	883,171. 94,701.
	Average of monthly cash balances	1b	94,701.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	977,872.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	977,872.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,668.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	963,204.
6	Minimum investment return. Enter 5% of line 5	6	48,160.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part)	s and certain	
1	Minimum investment return from Part X, line 6	1	48,160.
2a	Tax on investment income for 2009 from Part VI, line 5	4.	
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	204. 47,956.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	47,956.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	47,956.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	47,956.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	25,016. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,016.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,016.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat	on qualifies for the	e section

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4940(e) reduction of tax in those years

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		11.11.		47,956.
2 Undistributed income, if any, as of the end of 2009		·		
a Enter amount for 2008 only			0.	
b Total for prior years		_		
		0.		,,
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
¢ From 2006				
d From 2007				
e From 2008 76,981.	76 001			
f Total of lines 3a through e	76,981.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ 25,016.			0.	
a Applied to 2008, but not more than line 2a			U •	77.7 -1 (17.7-)
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •	44	, ',, ,,,,, + + ,,,,,
c Treated as distributions out of corpus	0.			
(Election required - see instructions)		······································		25,016.
d Applied to 2009 distributable amount	0.			23,010.
e Remaining amount distributed out of corpus	22,940.			22,940.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	22,540.			22,740.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	54,041.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	, and the second	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				***************************************
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			·····
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	E 4 0 4 1			
Subtract lines 7 and 8 from line 6a	54,041.			······
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007			1	
d Excess from 2008 54,041.				
e Excess from 2009		<u> </u>		·

THE LINGE FOUNDATION Form 990-PF (2009) C/O RSM MCGLADREY, INC. 42-6587447 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2009 (b) 2008 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum investment return from Part X for each year listed **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 Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) 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)) NONE 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 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 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

Page 11

C/O RSM MCGLADREY, INC.

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year 10,834. THEATRE CEDAR RAPIDS NONE PUBLIC GENERAL OPERATING 102 THIRD STREET SE BUDGET CEDAR RAPIDS, IA 52401 2,500. NONE PUBLIC EASTERN IOWA FINE ARTS GENERAL OPERATING BUDGET **ACADEMY** P.O. BOX 2511 CEDAR RAPIDS, IA 52406 PUBLIC NONE 5,000. HORIZONS GENERAL OPERATING 819 5TH ST SE CEDAR BUDGET RAPIDS, IA 52406 NONE PUBLIC 5,000. TANAGER PLACE GENERAL OPERATING 2309 C STREET SOUTHWEST BUDGET CEDAR RAPIDS, IA 52404 ► <u>3a</u> 23,334. Total b Approved for future payment NONE 0.

Part XVI-A	Analys	sis of Inco	me-Produ	icing Ac	tivities

Enter gross amounts unless otherwise indicated	Unrelate	d business income		d by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
			_ -	 	
	-				
					
	- 1 - 1	• •			<u> </u>
d		 			
e	· -				
	-		-+		
g Fees and contracts from government agencies				-	
2 Membership dues and assessments				- ·	
3 Interest on savings and temporary cash					
investments			1 4	21 202	
4 Dividends and interest from securities		• • • • • • • • • • • • • • • • • • • •	14	21,293.	,
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	I				
than inventory			18	<123,840.	>
9 Net income or (loss) from special events	Ī				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue		44		-	
a					
a					
	1 1				·
	1 1				
	·	·			
e 12 Subtotal Add columns (b), (d), and (e)		0	·.	<102,547.	
	<u> </u>		.•1	102,347.	<pre>> 0. <102,547.</pre>
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	<u> </u>
Part XVI-B Relationship of Activities	to the Acco	mplishment of I	Exempt F	Purposes	
Line No. Explain below how each activity for which inco					aplishment of
the foundation's exempt purposes (other than	by providing fun	ds for such purposes)			
		· ·		****	·····
					
			_	1004	
		·- -			
	 				
				-	
					
					<u></u>
				,	
					
					
923621 02-02-10					Form 990-PF (2009)

C/O RSM MCGLADREY, INC.

Pá	art XVII Information Regarding Transfers To a Exempt Organizations	and Transactions a	and Relationships With Nonc	haritable	€	
1	Did the organization directly or indirectly engage in any of the following	ng with any other organization	on described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 53	-				
а						ĺ
-	(1) Cash	g==		1a(1)	•	х
	(2) Other assets			1a(2)		X
b				1.0(2)		
U				1b(1)	•	Х
	(1) Sales of assets to a noncharitable exempt organization				-	X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)	-	X
	(3) Rental of facilities, equipment, or other assets	•	•	1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
	(6) Performance of services or membership or fundraising solicitation			1b(6)		$\frac{\Lambda}{X}$
C				10		
0	If the answer to any of the above is "Yes," complete the following sche	* *	-		ets,	
	or services given by the reporting foundation. If the foundation receiv	red less than fair market valu	e in any transaction or snaring arrangeme	nt, snow in		
-1.	column (d) the value of the goods, other assets, or services received Line no (b) Amount involved (c) Name of noncharitable	a avamet arganization	(d) n			
4)	Line no (b) Amount involved (c) Name of noncharitable N/A	e exempt organization	(d) Description of transfers, transactions,	and sharing an	rangeme	nts
	N/A					
						
_			-			
						
		····				
		····				
						
			<u>.</u>			
					-	
_						
		······································				
	Is the foundation directly or indirectly affiliated with, or related to, one in section 501(c) of the Code (other than section 501(c)(3)) or in section for the following schedule	tion 527?		Yes	X	
	(a) Name of organization	(b) Type of organization	(c) Description of relati	onship	_	
	N/A					
		<u> </u>				
-		<u> </u>				
0.5	Under penefities of penury, I declare that I have examined this retulm, including account and complete Declaration of preparen (other than expayer or fidurery) is based on Signature of officer or trustee	ompanying schedules and statem all information of which preparer	ents, and to the best of my knowledge and belief, has any knowledge Title	it is true, corre	ct,	
<u>:</u>	Propagage A		ate Check if Pro	eparer's identify	ing num	ber
5	signature	i	15·20/ Demployed ►	-		
3 :	Firm's name (or yours) RSM MCGLADREY, UINC.		EIN >			
1	signature signature Firm's name (or yours) RSM MCGLADREY, UINC. 1 self-employed), 221 THIRD AVENUE SE		EIIV			
1	address and ZIP code CEDAR RAPIDS TA 52		Phono no 310	298_	522	3

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2009

THE LINGE FOUNDATION C/O RSM MCGLADREY, 42-6587447 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 X 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page 1 of 1 of Part I

Name of organization
THE LINGE FOUNDATION
C/O RSM MCGLADREY, INC.

Employer identification number

42-6587447

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AUDREY R LINGE-OVEL IRA 138 GUILDFORD SE CEDAR RAPIDS, IA 52403	\$110,011.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
····		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		0-L-J.J- D /F 6	

Part W | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo , day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co D - Donation (mo, day, yr) 09/13/9402/19/09 1a CATERPILLAR b CATERPILLAR INC P 07/17/9702/19/09 c PROCTOR & GAMBLE CO P 06/22/0706/11/09 P d AMERICAN CENTURY INTERNATIONAL BOND 04/04/0806/18/09 e AMERICAN CENTURY INTERNATIONAL BOND P 04/24/0806/18/09 f EATON VANCE LARGE CAP VALUE P 12/28/0706/18/09 g EATON VANCE LARGE CAP VALUE P 01/04/0806/18/09 CAP P 01/11/0806/18/09 h EATON VANCE LARGE VALUE P 04/04/0806/18/09 EATON VANCE LARGE CAP VALUE \overline{P} 04/24/0806/18/09 VANCE CAP VALUE EATON LARGE T ROWE PRICE GROWTH STOCK P 12/28/0706/18/09 P Т ROWE PRICE GROWTH STOCK 101/04/08106/18/09 1 $_{m}$ \mathbf{T} ROWE PRICE GROWTH STOCK P 01/11/0806/18/09 $_{n}$ \mathbf{T} P ROWE PRICE GROWTH STOCK 04/04/0806/18/09 P 04/24/0806/18/09 ROWE PRICE GROWTH STOCK (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 8,226. 5,514. <2,712.> а 11,028. 16,452. <5,424.> b 6,529. 7,479. <950.> C 22,352. 20,026 <2,326.> d 5,175. 4,733. <442.> е 8,840. 14,442. <5,602.> f 11,160 17,500. <6,340.> g <12,525.> 22,475. 35,000. h 22,495 35,000 <12,505.> ı 11,003. 17,500. <6,497.> 11,368 17,500 <6,132.> k 17,500. 11,877. <5,623.> ı 35,000. 24,061. <10,939.> m 25,105. 35,000. <9,895.> n 12,306. 17,500 <5,194.> 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any <2,712.> <5,424.> b <950.> Ç <2,326.>d <442.> <5,602.> f <6,340.> q <12,525.> h <12,505.> <6,497.> <6,132.> <5,623.> ı <10,939.> m <9,895.> П <5,194.> { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

Part W Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co D - Donation (mo , day, yr) (mo, day, yr) INTL MRKTMASTERS INV FUND 12/28/0706/18/09 _{1a} LAUDUS P b LAUDUS INTL MRKTMASTERS INV FUND P 01/04/0806/18/09 INV FUND P 01/11/0806/18/09 c LAUDUS INTL MRKTMASTERS P INV FUND 04/24/0806/18/09 d LAUDUS INTL MRKTMASTERS P 12/28/0709/24/09 e AMER CENT NEW OPPORTUNITY P 01/04/0809/24/09 f AMER CENT NEW OPPORTUNITY q AMER CENT NEW OPPORTUNITY II P 01/11/0809/24/09 P 04/04/0809/24/09 h AMER CENT NEW OPPORTUNITY P 03/13/0810/02/09 ST JUDE MED INC CAPITAL GAINS DIVIDENDS 1 m Π 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 7,125. 12,500. <5,375.> a 7,365. 12,500.<5,135.> b 15,265. 25,000. <9,735.> C 12,500. <4,956.>7,544. d $3,\overline{363}$. 5,000. <1,637.> е 3,551.<1,449.>5,000. f 10,000. 7,355. <2,645.> g <1,117.> 3,883. 5,000. h 5,712. 4,806. 906. ı 409. 409. k m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any <5,375.> <5,135.> b <9,735.> С <4,956.>ď <1,637.><1,449.>f <2,645.> g <1,117.>h 906. 409. 1 m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } <123,840.> 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 N/A 3

FORM 990-PF DIVIDEN	DS AND	INTER	EST	FROM	SECU	RITIES	STA	ATEMENT	1
SOURCE		GROSS	AMC	UNT		ITAL GAINS IVIDENDS	CC	OLUMN (A AMOUNT)
US BANK - CAPITAL GAINS	•		·	604.		409.		1	95.
US BANK - DOMESTIC ORDINARY DIVIDENDS		•	8,	245.		0.		8,2	45.
US BANK - DOMESTIC QUALIFIED DIVIDENDS			6,	072.		0.		6,0	72.
US BANK - FORIEGN ORDINARY DIVIDENDS			3,	943.		0.		3,9	43.
US BANK - FORIEGN QUALIFIED DIVIDENDS US BANK - INTEREST INCOME				557. 281.		0. 0.		1,5 1,2	
TOTAL TO FM 990-PF, PART I,	LN 4		21,	702.		409.		21,2	93.
	:								===
FORM 990-PF		LEGAL	FEE	S			STA	ATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	NET MEN	(B) INVE T INC		(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
LEGAL FEES	<u>.</u>	2,400.		1,	,200.			1,2	00.
TO FM 990-PF, PG 1, LN 16A		2,400.		1,	,200.		— - = =	1,2	00.
FORM 990-PF	AC	COUNTI	NG F	EES			STA	TEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS			EST- COME	(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
TAX PREP FEE		964.			482.			4	82.
TO FORM 990-PF, PG 1, LN 16B		964.		· · · · · ·	482.			4	82.

	OTHER PROFES	SIONAL FEES		STATEMENT	
DESCRIPTION		(B) NET INVEST- MENT INCOME			
INVESTMENT ADVISORY FEES	9,028.	9,028.			0.
TO FORM 990-PF, PG 1, LN 16C	9,028.	9,028.			0.
FORM 990-PF	TAX	ES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FOREIGN TAXES	177.	177.			0.
TO FORM 990-PF, PG 1, LN 18	177.	177.			0.
DESCRIPTION ADJUSTMENT FOR 1099 TAX/BOOK				· · · · · · · · · · · · · · · · · · ·	19.
				64	19.
ADJUSTMENT FOR 1099 TAX/BOOK TOTAL TO FORM 990-PF, PART I	II, LINE 5	OVERNMENT OBL	IGATIONS	64	
ADJUSTMENT FOR 1099 TAX/BOOK TOTAL TO FORM 990-PF, PART I	II, LINE 5	. OTHER	IGATIONS OK VALUE	64 64	7
ADJUSTMENT FOR 1099 TAX/BOOK TOTAL TO FORM 990-PF, PART I FORM 990-PF U.S. AND	II, LINE 5 STATE/CITY GOV''	• OTHER		64 64 STATEMENT FAIR MARKET	7
ADJUSTMENT FOR 1099 TAX/BOOK TOTAL TO FORM 990-PF, PART I FORM 990-PF U.S. AND DESCRIPTION	STATE/CITY GOV''	• OTHER	OK VALUE	64 STATEMENT FAIR MARKET VALUE	7
ADJUSTMENT FOR 1099 TAX/BOOK TOTAL TO FORM 990-PF, PART I FORM 990-PF U.S. AND DESCRIPTION US BANK - US GOV'T OBLIGATION	STATE/CITY GOV'' NS X TIONS	OTHER GOV'T BO	OK VALUE 27,572.	64 STATEMENT FAIR MARKET VALUE 26,56	7

FORM 990-PF	CORPORATE ST	OCK	STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKE' VALUE	T
US BANK - CORPORATE STOCK		105,942.	131,5	38.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	105,942.	131,5	38.
FORM 990-PF	OTHER INVESTM	ENTS	STATEMENT	9
DESCRIPTION	VALUAT METHO		FAIR MARKE	r
US BANK - MUTUAL FUNDS	COST	811,295.	921,7	12.

Form 8868 (Rev 4-2009)			Page 2		
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox	_	▶ X		
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	d Form	8868			
● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies i	needed)			
Name of Exempt Organization	Emp	loyer iden	tification number		
Type or THE LINGE FOUNDATION Print C/O RSM MCGLADREY, INC.					
		42-6587447			
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions. 221 THIRD AVENUE SE, SUITE 300	For I	RS use onl	y 		
filing the return See Instructions CEDAR RAPIDS, IA 52401–1512					
Check type of return to be filed (File a separate application for each return):					
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form 88	368.		
RUSS CURTIS - PRIVATE CLNT GRP, US BANK	ζ, 4	25 CE	DAR ST PO		
• The books are in the care of ▶ BOX 88 - WATERLOO, IA 50704					
Telephone No ► 319-235-3237 FAX No. ► 319-235-2325	5				
If the organization does not have an office or place of business in the United States, check this box			D		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	ns is fo	r 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	l memb	ers the ext	ension is for.		
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.					
5 For calendar year 2009, or other tax year beginning, and ending					
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period					
7 State in detail why you need the extension		·			
	ORM	ATION	TO FILE A		
COMPLETE AND ACCURATE RETURN BY THE DUE DATE.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions.	8a	\$	415.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.	8b	\$	415.		
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			•		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	. 8c	\$	0.		
Signature and Verification					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form					
Signature ▶ Title ▶	Date				

Form 8868 (Rev 4-2009)