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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2009

For	alen	lar year 2009, or tax ye	ear beginning			, and e	nding		· · · · · · · · · · · · · · · · · · ·	
G	heck	all that apply	Initial return		Initial return of a fo	rmer public o	harity	Final return	ľ	
			Amended_return		Address chang	je		Name change		
Hes	the l	Name of foundation	n					A Employer identification	number	
	abel.	13								
	erwis	e GILES O'M	ALLEY FOUND	ATI	ON			48-1295831		
Number and street (or P O box number if mail is not delivered to street address)							Room/suite	B Telephone number		
	r type	P ~ C ~	STREET				600	(714) 883-	5757	
	Spec	I GIIV DE IDWIE STATE	and ZIP code					C If exemption application is p	ending, check here	
ınsı	ructio	IRVINE, C	A 92614					D 1. Foreign organizations	s, check here	
н	heck	type of organization	X Section 501(c)(3)	exempl	private foundation			2. Foreign organizations meeting the 85% test, check here and attach computation		
	Sec	tion 4947(a)(1) nonexe	mpt charitable trust	Othe	r taxable private founda	tion	,	E If private foundation sta		
l Fa	ır ma	ket value of all assets a	tend of year J Accour	iting m	ethod X Cash	Accr	ual	under section 507(b)(1)		
(fr	om F	art II, col. (c), line 16)			specify)			F If the foundation is in a	60-month termination	
	· \$	6	1,066. (Part I, co	lumn (d) must be on cash b	oasis.)		under section 507(b)(1)		
Pá	ırt l	Analysis of Revenue a	and Expenses		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements	
		necessarily equal the amou	lumns (b), (c), and (d) may not unts in column (a))		expenses per books	ìínco		income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, gra	nts, etc , received		229,112.			N/A		
	l .	. — ' '	tion is not required to attach Sch. B.							
	3	Interest on savings and tem cash investments	porary		41.		41.		STATEMENT 1	
	4	Dividends and interest f	rom securities							
	5a	Gross rents								
	b	Net rental income or (loss)			, , , , ,			,		
0		Net gain or (loss) from sale of	of assets not on line 10							
2	b	Gross sales price for all assets on line 6a								
=}	7	Capital gain net income (froi	m Part IV, line 2)			,	0.		{	
ZUTU Revenue	8	Net short-term capital g	aın		-, - II			RECEIV	EU	
.7	9	Income modifications	1			······				
.73	10a	Gross sales less returns and allowances				' !!!!		NOV 15 2	nin (8)	
	b	Less Cost of goods sold						(1)		
\geq	C	Gross profit or (loss)						OCCEN	<u> </u>	
\Box	11	Other income		ļ				OGDEN,	UI	
<u>u</u> _	12	Total Add lines 1 throu	ıgh 11		229,153.		41.			
SCANNED	13	Compensation of officers, d	irectors, trustees, etc	<u> </u>	0.		0.		0.	
₹	14	Other employee salaries	and wages	-						
	l .	Pension plans, employe	e benefits							
J. Se	l .	Legal fees	a=v= 0		0.615					
pen	þ	Accounting fees	STMT 2	<u> </u>	2,615.		0.		0.	
Ų	C	Other professional fees		-						
ţ	17	Interest	്ന്നുന വ		105.		^			
Operating and Administrative Exp	18	Taxes	STMT 3		103.		0.		0.	
Ξ̈́	19	Depreciation and deplet	ion	-						
Ę	20	Occupancy	d	\vdash	1,535.		0.		0.	
ΔÞ	21	Travel, conferences, and	•	-	1,333.		· ·		U.	
) an	22	Printing and publication	STMT 4		40.		0.	-	0.	
ting	23 24	Other expenses		-	40.		<u> </u>			
era	24	Total operating and ad expenses Add lines 13			4,295.		0.		0.	
õ	25	Contributions, gifts, gra		-	172,190.		· · ·		172,190.	
	1	Total expenses and dis			1.2/1700				1,2,1,00	
	20	Add lines 24 and 25	oversomonis.		176,485.		0.		172,190.	
	27	Subtract line 26 from lii	ne 12	-			-m · · · · · · · · · · ·			
		Excess of revenue over exp			52,668.					
	I	Net investment income					41.		www.rmmn.nmm.	
		Adjusted net income (if						N/A		
9235	<u> </u>		g				.,,			

Page 2

- Table	Attached schedules and amounts in the description	beginning or year	Ellu oi	year
Pa	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash'- non-interest-bearing	8,398.	61,066.	61,066.
•	2 Savings and temporary cash investments			
- 1	3 Accounts receivable ►			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ►			
	Less allowance for doubtful accounts	7		
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other			
	disqualified persons			······································
- 1	7 Other notes and loans receivable			
	Less allowance for doubtful accounts			
75 I	8 Inventories for sale or use			
SS	9 Prepaid expenses and deferred charges			
1	Oa Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
1	1 Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
1	12 Investments - mortgage loans			
1	13 Investments - other			
1	Land, buildings, and equipment basis			
'	Less accumulated depreciation		1	
	15 Other assets (describe ►	1		
'	Other assets (assetted >			
	16 Total assets (to be completed by all filers)	8,398.	61,066.	61,066.
-		0,3300	01/0001	02/0000
- 1	17 Accounts payable and accrued expenses			
١.	18 Grants payable			
.≌∣	19 Deferred revenue			
≝ ²	Loans from officers, directors, trustees, and other disqualified persons			
[2	21 Mortgages and other notes payable		,,-	
- 2	22 Other liabilities (describe	_)		
2	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.			
S 2	24 Unrestricted			
<u> </u>	25 Temporarily restricted			
<u>r</u> 2	26 Permanently restricted			
밀	Foundations that do not follow SFAS 117, check here			
교	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.	
ίÒΙ	• • • • • • • • • • • • • • • • • • • •	8,398.	61,066.	
£ 1.	Retained earnings, accumulated income, endowment, or other funds	8,398.	61,066.	
ž۱۹	30 Total net assets or fund balances	0,330.	01,000.	
١.		0 200	61,066.	
3	31 Total liabilities and net assets/fund balances	8,398.	01,000.	
Pa	rt III Analysis of Changes in Net Assets or Fund	l Balances		
1 T	otal net assets or fund balances at beginning of year - Part II, column (a), I	line 30		
	must agree with end-of-year figure reported on prior year's return)		1	8,398.
	inter amount from Part I, line 27a		2	8,398. 52,668.
	other increases not included in line 2 (itemize)		3	0.
	add lines 1, 2, and 3		4	61,066
	Decreases not included in line 2 (itemize)		5	0.7000.
	otal net assets or fund balances at end of year (line 4 minus line 5) - Part I	L column (h) line 30	6	61,066.
<u> 5 T</u>	otal net assets of fund palances at end of year (line 4 minus line 5) - Part I	r, columni (D), line 30		017000

	ES O'MALLEY FOUN					4 8	<u>8-129</u> :	5831	Page
Part IV Capital Gains a	and Losses for Tax on In	vestment	Income						
(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e g rehouse, or common stock, 200 shs	, real estate, MLC Co)		`P·	low acquired - Purchase - Donation	(c) Date a (mo , da		(d) Dat (mo , da	
b NOI	NE			L		·			
C									
d				ļ.,					
В				Ц,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale				in or (loss) (f) minus (
a									
b	<u> </u>		 						
<u> </u>								_	
đ				-					
e	a source solvers (b) and average but	ha favordation	10/01/60		400	0 (0			
Complete only for assets snowin	g gain in column (h) and owned by t						ol (h) gain i ot less than		
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			Losses (from col (t	1))	
<u>a</u>									
b									
C									
d		.		-+					
8				\dashv		· · · · · · · · · · · · · · · · · · ·			
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{ if gain, also enter} \\ \text{if (loss), enter -0-} \end{cases} $	in Part I, line 7 - in Part I, line 1	, 7		2				
3 Net short-term capital gain or (los		d (6)		٦١					
If gain, also enter in Part I, line 8,	column (c)								
If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	Dadwaad	Toy on Not	1-20	3				
<u> </u>						Offic		-	
(For optional use by domestic private	toundations subject to the section 4	194U(a) tax on	net investment in	icome	')				
If section 4940(d)(2) applies, leave th	us part blank								
Man the foundation liable for the post	uon 4040 tay on the distributable am	ount of any va	ar in the bees no	nod?				□ voc	X No
Was the foundation liable for the sect If "Yes," the foundation does not qual			<u>-</u>	iiou '				169	140
	each column for each year, see instri			es					
(a)	(b)	0.0.0.0		(c)				(d)	
Base periód years Calendar vear (or tax year beginnir	Advicted avaleurs dis	tributions	Net value of no		itable-use assets	(Distrib (col (b) divi	ution ratio	(c))
2008		7,878.			95,137		(4)		1729
2007		5,148.			117,558				6130
2006		4,620.			36,086			11.2	
2005		7,325.			16,217			30.0	
2004		9,300.			1,772			123.7	
									
2 Total of line 1, column (d)						2		177.3	9997
3 Average distribution ratio for the 5	5-year base period - divide the total (on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in exister						3		35.4	7999
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X,	line 5				4		110	<u>,442</u>
									400
5 Multiply line 4 by line 3						5		3 , 918	,482
									^
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		,	0
-						_		2 010	100
7 Add lines 5 and 6						7		3,918	,402
8 Enter qualifying distributions from	n Part XII, line 4					8		172	,190
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	ng a 1'	% tax rate				

	990-11,(2009) GILES O MALLET FOUNDATION 40-1255	031		
Pa	rt 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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► KRISTEN BLACKFORD Telephone no ► (714)	883	<u>-57</u>	<u>57</u>
	Located at ► 2020 MAIN STREET, SUITE 600, IRVINE, CA ZIP+4 ►92	614		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(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?			
	(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)?			
	(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)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		********
	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?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?			
	If "Yes," list the years 🕨			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	of "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	1		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	ļ	<u></u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	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	L	<u> X</u>
	Fo	m 990)-PF ((2009)

orm 990-PF (2009) GILES O'MALLEY FOUNDATIO	N		48-12958	31 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
• (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for	ŀ	
the prevention of cruelty to children or animals?		Y6	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	in Regulations	ŀ	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A s	ib
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [""	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	ined		
expenditure responsibility for the grant?	N	N/A 🗀 Ye	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	Sb X
If "Yes" to 6b, file Form 8870.			· · ·	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b
Part VIII Information About Officers, Directors, Trust	•	anagers, Highly	<u> </u>	
Part Visi Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	compensation.	1		
(=) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
TERRY M. GILES	DIRECTOR AS N	NEEDED		
2020 MAIN STREET, SUITE 600				
IRVINE, CA 92614	0.00	0.	0.	0.
	DIRECTOR AS N	NEEDED		
2020 MAIN STREET, SUITE 600				
IRVINE, CA 92614	0.00	0.	0.	0.
	DIRECTOR AS N	EEDED		
2020 MAIN STREET, SUITE 600		!		
IRVINE, CA 92614	0.00	0.	0.	0.
		i inchie ii		
2 Compensation of five highest-paid employees (other than those inc	· · · ·	enter "NONE."	(d) Contributions to	(a) Evpence
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position	 	compensation	allowances
NONE				
		<u> </u>		
		<u> </u>		
			[
Total number of other employees paid over \$50,000			>	0
			Form 9	990-PF (2009)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	'NONE."	•
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	_	
	4	
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the	Expenses
1 N/A		
2		
3		
	<u>-</u>	
4		
Part IX-B Summary of Program-Related Investments		L
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A		
2		
	 	
All other program-related investments. See instructions		
3		
<u> </u>		
Total. Add lines 1 through 3	•	0.

P	Minimum Investment Return (All domestic foundations mu	st complete this p	part Foreign four	ndations, sec	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc , purposes			
а	Average monthly fair market value of securities			1a	0. 112,124.
b	Average of monthly cash balances			1b	112,124.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	112,124.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	le	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	112,124.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, s	ee instructions)		4	1,682. 110,442.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on F	Part V, line 4		5	110,442.
6	Minimum Investment return. Enter 5% of line 5			6	5,522.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part)	(j)(5) private operat	ing foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	5,522.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1.		
b		2b			
C	Add lines 2a and 2b			2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	5,521.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	5,521.
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 X	III, line 1		7	5,521.
_	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	1888		10	172 190
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a 1b	172,190. 0.
b	Program-related investments - total from Part IX-B	ata nurnana		2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	, etc., purposes			
3	Amounts set aside for specific charitable projects that satisfy the			3a	
a	Suitability test (prior IRS approval required)			3b	
b	Cash distribution test (attach the required schedule)	Dort VIII line 4		4	172,190.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and	· · · · · · · · · · · · · · · · · · ·		-	1/2/150.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest	ment		5	0.
c	Income Enter 1% of Part I, line 27b			6	172,190.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	an aalaulatina what	or the foundation	L	· · · · · · · · · · · · · · · · · · ·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years wh 4940(e) reduction of tax in those years	on calculating when	ici (iie ivuiiua(IVII (trainies int fil	e 2000011

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				5,521.
2 Undistributed income, if any, as of the end of 2009		hiji:		
a Enter amount for 2008 only			0.	
b Total for prior years				
,,		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 219,211.				
b From 2005 486,514.				
¢ From 2006 402,816.				
d From 2007 389, 270.				
e From 2008 853, 121.				
f Total of lines 3a through e	2,350,932.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ▶\$ 172, 190.			0	
a Applied to 2008, but not more than line 2a	.;!		0.	r mhunu madhar malalistan
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)		!!!!	······································	5,521.
d Applied to 2009 distributable amount	166,669.			3,321.
e Remaining amount distributed out of corpus 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))				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,517,601.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010			, 'andis a annum a manum	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	010 011			
not applied on line 5 or line 7	219,211.	······		
9 Excess distributions carryover to 2010.	2,298,390.			
Subtract lines 7 and 8 from line 6a	2,230,330.			
10 Analysis of line 9 a Excess from 2005 486,514.				
a Excess from 2005 b Excess from 2006 402,816.				
Excess from 2006 389,270.				
d Excess from 2008 853, 121.				
e Excess from 2009 166,669.				
	·	· · · · · · · · · · · · · · · · · · ·	······································	Form 990-PF (2009)

	'MALLEY FOU			48-12	95831 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	he ruling	>		
b 'Check box to indicate whether the found	lation is a private operatir	ng foundation described in	n section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
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					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets				<u> </u>	
(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 Info	rmotion /Comple	to this part only	if the foundation	had \$5 000 or me	ro in accote
at any time during t			ir the loundation	mad \$5,000 or mic	ne III assets
		1130 400013.7			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000) (See s	ection 507(a)(2) }			
TERRY M. GILES					
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a pa	irtnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of			•	not accept upsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc					
					
a The name, address, and telephone num	ber of the person to who	m applications should be	addlessed		
b The form in which applications should t	ne submitted and informa	tion and materials they st	nould include		
	_				
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors	
923601 02-02-10					Form 990-PF (2009)

Part AV Supplementary Information	(continued)			
3 · Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<u>.</u>
a Paid during the year				
SEE STATEMENT 6		<u> </u>		172 100
Total b Approved for future payment	1	1	▶ 3a	172,190.
a Approved for lattire payment				
			•	
NONE				
				1
Total			▶ 3b	0.

923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

er gross amounts unless otherwise indicated	Unrelat	I	(c)	ided by section 512, 513, or 514	(e)
· Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	li .				
	i				
Fees and contracts from government agencies					
lembership dues and assessments					
iterest on savings and temporary cash	ľ				
vestments			14	41.	
ividends and interest from securities					
et rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal			1		
roperty					
ther investment income					
ain or (loss) from sales of assets other				!	
nan inventory					
let income or (loss) from special events			i		
iross profit or (loss) from sales of inventory					
ther revenue					
		1			
		l			
	_				
·					
		0		41.	
subtotal Add columns (b), (d), and (e)		0	•	41.	·
subtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e)		0	•	· · · · · · · · · · · · · · · · · · · ·	·
)			13 _	·
iubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities e No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
subtotal Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations ort XVI-B Relationship of Activities e No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations ort XVI-B Relationship of Activities e No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
iubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities e No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations ort XVI-B Relationship of Activities e No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations otal XVI-B Relationship of Activities B No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities in No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations otal XVI-B Relationship of Activities B No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities in No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activities a No. Explain below how each activity for which in) s to the Acc	omplishment of E	xemp	13 _	4

923621 02-02-10

			0/1/2775	~	ON		4.0	1205021		_
		, ,	O'MALLEY FO			and Dalations		1295831		ige 13
<u>۲</u>	art X\		egarding Transfer	's lo and l	ransactions a	and Relations	nips with Noi	ncnaritable	е	
_	D.J. 45	Exempt Organ		fallowing with	en ether erapiretu	an described in sect	on F01(a) of		Yes	No
ı		e organization directly or indi					011 50 1(0) 01		163	140
_		ode (other than section 501(c	· · · · ·			iizations?				
a		fers from the reporting found	ation to a noncharitable ex	tempt organizat	ion of			10/1		v
	(1) 0							1a(1)		X
		ther assets						1a(2)		Α.
þ	-	transactions						45/45		v
		ales of assets to a noncharita						1b(1)	ļ <u>.</u>	X
	٠,	urchases of assets from a no		zation				1b(2)		
		ental of facilities, equipment,						1b(3)	-	X
		eimbursement arrangements						1b(4)	<u>.</u>	X
		oans or loan guarantees						1b(5)	1	X
		erformance of services or me						1b(6)	-	X
C		ng of facilities, equipment, ma	=					10	L	X
đ		answer to any of the above is							sets,	
		vices given by the reporting f			than fair market valu	ue in any transaction	or sharing arrange	ment, show in		
		nn (d) the value of the goods,	,			(4)				
a)	Line no	(b) Amount involved	(c) Name of nonc		pt organization	(0) Description	of transfers, transactio	ns, and sharing a	rangeme	ents
			<u> </u>	N/A						
_										
_										
		·								
				·						
22	Is the	foundation directly or indirec	tly affiliated with or related	d to one or mo	re tax-exempt organ	izations described				
- 4		tion 501(c) of the Code (othe	•	•	. •	2000110		Yes	ГΧ] No
h		s," complete the following sch		J 0001.0 02	•					_ 140
		(a) Name of org		(b) T	ype of organization		(c) Description of re	elationship		
		N/A	,	- (-/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-,			
						<u> </u>	·			
									•	
-										
				-	•	†				
Т	Under p	enalties of perjury, I declare that I h	nave examined this return, inclu	uding accompanyi	ng schedules and stater	nents, and to the best o	f my knowledge and be	elief, it is true, com	ect.	
		plete Declaration of preparer (Other							•	
		* Lul	141		11-11-10	0. 5	CLETACY	/		
2	$\frac{2}{s_1}$	gnature of officer or trustee	//		Date	Title	ery ny			-
ב ב	y 31		// _ +	< 1/			eck if	Preparer's identi	fying nur	nber
5	- ²⁰ ≥	Preparer's signature	ver Sa A			Se - se Se	lf	-,		
ō	Paid sparer se Onl	ELPHATA		D CO.,		, -7 ,) en	nployed P L			
	Paid Preparer's Use Only	1 0	O OXNARD ST				EIN -			
-	د ت		LAND HILLS,				Dhone as /	818) 71	6-1	120
		ACOLD	יפחחדט האשהי	CW 313	10 1		Phone no (0101/1	0-1	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number	
G	ILES O'MALLEY FOUNDATION	48-1295831	
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
• •	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions.	
X For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in raplete Parts I and II.	noney or property) from any one	
Special Rules			
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the in (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont butions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary for children or animals. Complete Parts I, II, and III.		
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contuse exclusively for religious, charitable, etc., purposes, but these contributions did not a cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. rely religious, charitable, etc.,	
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	·	
LHA For Privacy Act an for Form 990, 990-		B (Form 990, 990-EZ, or 990-PF) (2009)	

Employer identification number

GILES O'MALLEY FOUNDATION

48-1295831

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TERRY GILES 2020 MAIN STREET, SUITE 600 IRVINE, CA 92614	\$\$	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 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.)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	IVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
JP MORGAN			_		41.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=		41.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITA	
ACCOUNTING	2,615.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	2,615.	0.			0.
FORM 990-PF	TAX	ES		STATEMENT	3
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITA	
TAXES	105.	0.			0.
TO FORM 990-PF, PG 1, LN 18	105.	0.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITA	BLE
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITA	BLE

ORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10			EMENT 5
NAME OF CONTRIBUTOR	ADDRESS		
TERRY GILES	2020 MAIN STREET, SUITERVINE, CA 92614	TE 600	
	S AND CONTRIBUTIONS O DURING THE YEAR	STAT	EMENT 6
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMQUNT
ANGIOMA ALLIANCE 520 WW. 21ST STREET, SUITE G2-411 NORFOLK, VA 23517	DONATION	501(C)(3)	2,000.
AWTY INT'L SCHOOL OF HOUSTON 7455 AWTY SCHOOL LANE HOUSTON, TX 77055	DONATION	501(C)(3)	37,872.
CHRON'S & COLITIS FOUNDATION OF AMERICA P.O. BOX 231429 ENCINITAS, CA 92023	DONATION	501(C)(3)	1,000.
CITY OF HOPE - HEAD AND NECK DEPARTMENT 1500 EAST DUARTE BLVD. DUARTE, CA 91010	DONATION	501(C)(3)	1,000.
COMP-U-DOPT 929 W. 17TH STREET HOUSTON, TX 77008	DONATION	501(C)(3)	250.
FRENCH AMERICAN CHAMBER OF COMMERCE 5373 WEST ALABAMA, #209 HOUSTON, TX 77056	DONATION	501(C)(3)	500.

. GILES O'MALLEY FOUNDATION			48-1295831
GIRLS INCORPORATED OF GREATER HOUSTON 1235 NORTH LOOP WEST, #914 HOUSTON, TX 77008	DONATION	501(C)(3)	5,500.
HARRIS COUNTY FRATERNAL ORDER OF POLICE LODGE #39 3130 NORTH FREEWAY HOUSTON, TX 77009	DONATION	501(C)(3)	100.
HOLTHOUSE INTERESTS & PREPARED 4 LIFE 1800 WEST LOOP SOUTH, #1875 HOUSTON, TX 77027	DONATION	501(C)(3)	4,000.
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA #320 ALEXANDRIA, VA 22314	DONATION	501(C)(3)	20,000.
KUHF - HOUSTON PUBLIC RADIO 4343 ELGIN, 3RD FLOOR HOUSTON, TX 77204	DONATION	501(C)(3)	1,200.
METHODIST HOSPITAL FOUNDATION 8401 W. DODGE ROAD, SUITE 225 OMAHA, NE 68114	DONATION	501(C)(3)	5,000.
NATIONAL ASSOCIATION OF URBAN DEBATE LEAGUE P.O. BOX 6868 FULLERTON, CA 92834	DONATION	501(C)(3)	10,000.
NORMAN VINCENT PEALE FELLOWSHIP, THE OUTREACH DIVISION OF GUIDEPOSTS - 66 EAST MAIN STREET PAWLING, NY 12564	DONATION	501(C)(3)	5,000.
PEPPERDINE UNIVERSITY, LAW SCHOOL 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263	DONATION	501(C)(3)	12,500.
RFK CENTER FOR JUSTICE & HUMAN RIGHTS 1367 CONNECTICUT AVE., #200 WASHINGTON, DC 20036	DONATION	501(C)(3)	500.

· GILES O'MALLEY FOUNDATION			48-1295831
RICE UNIVERSITY, JONES SCHOOL PO BOX 2932 HOUSTON, TX 77252	DONATION	501(C)(3)	5,000.
UNITED WAY OF GREATER HOUSTON P.O. BOX 3247 HOUSTON, TX 77007	DONATION	501(C)(3)	10,000.
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE, #311310 DENTON, TX 76203	DONATION	501(C)(3)	768.
UNIVERSITY OF TEXAS, M.D. ANDERSON CANCER CENTER 1020 HOLCOMBE BLVD. HOUSTON, TX 77030	DONATION	501(C)(3)	50,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		172,190.

Form 8868 (Rev. 4-2009)			Pag	e 2	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		▶ X		
Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously file		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 r	eeded)	·		
Type or Name of Exempt Organization	Emp	oyer ide	ntification number	er	
print GILES O'MALLEY FOUNDATION			48-1295831		
Number, street, and room or suite no. If a PO box, see instructions due date for 2020 MAIN STREET, NO. 600			nly		
filing the return See Instructions IRVINE, CA 92614					
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 4720 Form 990-BL X Form 990-PF Form 990 T (trust other than above)	\equiv	rm 5227 rm 6069		70	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form 8	3868.		
The books are in the care of ▶ 2020 MAIN STREET, SUITE 600 - IRVINE, Telephone No ▶ (714) 883-5757 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)	his is for	the who	• .	<u></u>	
6 If this tax year is for less than 12 months, check reason Initial return Final return			n accounting pend	30	
7 State in detail why you need the extension THE ORGANIZATION IS STILL COMPILING INFORMATION FOR A	COM	PLETE	E AND		
ACCURATE RETURN.					
8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	ſ	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	00	Ψ		<u>.</u>	
tax payments made Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.	8b	\$	(0.	
	60	Ψ		.	
c Balance Due. Subtract line 86 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	5 OC	Ψ		<u>.</u>	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to tit is true, correct, and complete, and that I amfauthorized/fp-grepare this form.	he best o	i my know	ledge and belief,		
Signature ► CPA	Date	. 8.	-10-10		
Digitatore PCIA	Date		rm 8868 (Rev. 4-20)09)	