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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	caler	dar yeat 2009, or tax year beginning	, and ending				
G Check all that apply: Initial return			Initial return of a former public charity			Final return	
		Amended return	Address chan	ge	<u>_</u>	Name change	<u> </u>
Use	the	IRS Name of foundation				A Employer identification	number
- 1	abel					<b>.</b>	
	erwi					54-2087198	···
	print		elivered to street address)		Room/suite	B Telephone number	
	r type Spe	TO IMINDON ROAD				702-567-39	27
	ructio	ane   City of towil, State, allo ZIP code	4040			C If exemption application is po	
<del></del>		HENDERSON, NV 89011-			<del></del>	D 1. Foreign organizations	, Check here
H (	_	type of organization: X Section 501(c)(3) e				Foreign organizations me check here and attach co	mputation .
<u> </u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundaring method: X Cash	Accr		E If private foundation stat	
		arket value of all assets at end of year J Account	ther (specify)	Accr	uai	under section 507(b)(1)	• •
	•\$		ımn (d) must be on cash l	basis )		If the foundation is in a 6 under section 507(b)(1)	
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net in	vectment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	IDCC		income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received					(Sast Sast Gray)
	2	Check X If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	55,223.	5	5,223.	55,223.	STATEMENT 1
	4	Dividends and interest from securities	33,223		<u> </u>	55,72251	
	5a	Gross rents					
	l .	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
<u>a</u>	Ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
æ	8	Net short-term capital gain				0.	
	9	Income modifications					
	10a						
	b						
	С	1 2 1 WILLS 1 2 1 TAX					
	11	Other Income					
	12	Total. Add lines 1 through 17	55,223.	5	<u>5,223.</u>	55,223.	
	13	Compensation of orticers, directors, trustees, etc.	0.		0.	0.	0.
	14	Other-employee salaries and wages					
S	15	Pension plans, employee benefits				ļ	
nses		Legal fees					
ĕ	b	Accounting fees STMT 2	3,840.		0.		0.
ũ	C	Other professional fees STMT 3	105,433.		0.	0.	0.
ţ	17	Interest					
itra	18	Taxes					
,, <u>"</u>	19	Depreciation and depletion					
ű §	20	Occupancy					· · · · · · · · · · · · · · · · · · ·
₽₹	21	Travel, conferences, and meetings					· · · - · · · · · · · · · · · · · · · ·
	22	Printing and publications	75	<del></del>			
ΠĒ	23	Other expenses STMT 4	75.	<del> </del>	0.	0.	0.
era	24	Total operating and administrative	100 240		0		^
Sõ	٥٢	expenses. Add lines 13 through 23	109,348.		0.	0.	0.
<b>&lt;</b>	25	Contributions, gifts, grants paid	72,687.				72,687.
US NUN CHNNACS Operating and Administrative Expe	20	Total expenses and disbursements.	102 025		0.	o.	72,687.
>		Add lines 24 and 25 Subtract line 26 from line 12:	182,035.		<u> </u>		14,001.
201n	1		<126,812.				
<b>⋽</b>		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	\120,012.		5,223.		
		Adjusted net income (if negative, enter -0-)			<u>., 445 •</u>	55,223.	
9235 02-02	)1 2-10	LHA For Privacy Act and Paperwork Reduction	Act Notice, see the instruct	ions.	<del></del>		Form <b>990-PF</b> (2009)

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552.
7 135,267.
8 72,687.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Add lines 5 and 6

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Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

_	1990-PF (2009) ANDREW LESSMAN FOUNDATION						<u> 2087</u>			Page 4
<u>,Pa</u>	irt VI Excise Tax Based on Investment Income (Section 4940	(a), 4	4940(b),	4940(e), c	or 49	<u>48 -</u>	see i	nstru	ctior	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here  and en	ter "N//	A" on line 1	. ]	ł					
	Date of ruling or determination letter: (attach copy of letter if nece	ssary-	-see instru	ctions)	ı					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter	1%		1			1,1	04.
	of Part I, line 27b									
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part	t I, line 12,	col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other					2				0.
3	Add lines 1 and 2		•			3			1,1	04.
4	Subtrtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers er	nter -0-)			4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		,			5			$\frac{1.1}{1.1}$	04.
6	Credits/Payments:	•								
-	2009 estimated tax payments and 2008 overpayment credited to 2009	6a		29	0.					
	Exempt foreign organizations - tax withheld at source	6b								
	Tax paid with application for extension of time to file (Form 8868)	6c		26	2.					
	Backup withholding erroneously withheld	6d								
	Total credits and payments. Add lines 6a through 6d		.1			7			5	52.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed				8				1.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				▶┞	9			5	53.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•			10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	•	•	Refunded		11				
	art VII-A Statements Regarding Activities	-		Incinioca		<u> </u>	L			
_	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation o	r did it par	ticinate or inter	vana u				Yes	No
10	any political campaign?	allon o	ii Gio it pari	doipate of litter	VOIIC II	•		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposi	oc /coc	n inetructio	ne for definition	n\2			1b		X
u	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and					or		10		
	distributed by the foundation in connection with the activities.	copie	s or any n	natenais publ	isrieu	O,		1		
_	•							ا ۱		х
	Did the foundation file Form 1120-POL for this year?							1c		
0	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				^					
	(1) On the foundation. > \$ 0. (2) On foundation managers.				<u>0.</u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax	c imposea (	on toundation						
_	managers. ▶ \$ 0.	00								v
2	Has the foundation engaged in any activities that have not previously been reported to the IR	51						2		<u> </u>
_	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 in		ent, articles	s of incorporati	on, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change							3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	1				3.7	/3	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?					IJ	/A	40		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							5		├ <u>^</u>
^	If "Yes," attach the statement required by General Instruction T.	h								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	iler.								
	By language in the governing instrument, or	•		- بالمالية المالية	-4-4- 1					
	By state legislation that effectively amends the governing instrument so that no mandatory	direct	tions that c	onflict with the	state i	aw			17	
_	remain in the governing instrument?			•				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?							7	X	-
_	If "Yes," complete Part II, col. (c), and Part XV.									İ
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	is} <b>&gt;</b>								
	NV		•	1						}
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	General (o	r designate)					-	
	of each state as required by General Instruction G? If "No," attach explanation	_		10.101				8b	X	<u> </u>
9					calen	dar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co							9	X	<b></b>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedul	e listing	their names	and addresses				10		X
							For	m <b>990</b>	-PF (	2009)

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orm 990-PF (2009) ANDREW LESSMAN FOUNDATIO			<u>54-20871</u>	98 Pa	ge <u>6</u>
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)		
5a · During the year did the foundation pay or incur any amount to:	<u> </u>				
(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	• • • •				
any voter registration drive?			es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	9		es X No		
• •			is Lat NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	П.,	<b>.</b>		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described	ın Regulatıons			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
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?		I/A 🔲 Ye	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	•	.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
	pay premiums on	□ v.	es X No		
a personal benefit contract?		T6	•	.	77
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>  '</u>	6b	<u>X</u> _
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	es 🗶 No 📙	_	
b If yes, did the foundation receive any proceeds or have any net income attribute	able to the transaction?		N/A .	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<b>y</b>		
Part VIII Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expen	se
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, o allowanc	
ANDREW LESSMAN	·	ASURER	compensation	anomano	
430 PARKSON ROAD	CHAIRMAN, IRE	MAJOREK			
······································	2 00				^
HENDERSON, NV 89011	2.00	0.	0.		<u>0.</u>
	DIRECTOR				
130 PARKSON ROAD					
HENDERSON, NV 89011	1.00	0.	0.		<u>o.</u>
MURIEL ANGOT	DIRECTOR				
130 PARKSON ROAD					
HENDERSON, NV 89011	1.00	0.	0.		0.
· · · · · · · · · · · · · · · · · · ·					
·····					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		<del> </del>	
	(b) Title, and average	United Holles	(d) Contributions to employee benefit plans	(e) Expen	Se.
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, o	ther
	devoted to position	, ,	compensation	allowanc	<u>es</u>
NONE					
· ·					—
<del></del>					
			L		
Total number of other employees paid over \$50,000					0
			Form	990-PF (20	09)

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion 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		
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities	• •	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the convened of the	ical information such as the luced, etc.	Expenses
1	<u> </u>	
SEE STATEMENT 5		105,433.
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 <u>N/A</u>		
2		
All other program-related investments. See instructions.  3		

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0.

Total. Add lines 1 through 3

P	Airt X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	, see 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.
Ь	Average of monthly cash balances	1b	3,452,914.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	3,452,914.
е	Reduction claimed for blockage or other factors reported on lines 1a and		·
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	O.
3	Subtract line 2 from line 1d	3	3,452,914.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	51,794.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,401,120.
6	Minimum investment return. Enter 5% of line 5	6	170,056.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here <b>X</b> and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	
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.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
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	72,687.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	72,687.
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	72,687.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation of	malifies fo	or the 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 .				0.
2 Undistributed income, if any, as of the end of 2009			•	
a Enter amount for 2008 only			0.	
b Total for prior years:		_		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
<b>b</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: ► \$ N/A				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		ا		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</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				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.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
<b>b</b> Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				- 000 PF

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Part XIV   Private Operating Fo	oundations (see ins		A guestion 9)	54-208	3/198 Page 10				
		_	A, question 3)		<del></del>				
1 a If the foundation has received a ruling or		· · · · · · · · · · · · · · · · · · ·	10/	20/03					
foundation, and the ruling is effective for 2009, enter the date of the ruling  b Check box to indicate whether the foundation is a private operating foundation described in section  \[ \begin{array}{c} \leftbf{10/29/03} \\ \leftbf{X} \leftbf{4942(j)(3)} \text{ or } \leftbf{4942(j)(5)} \]									
2 a Enter the lesser of the adjusted net	Tax year	g touridation described it	Prior 3 years	4342(J)(3) 01 <u>L</u>	2())(3)				
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total				
investment return from Part X for	(4) 2000	(5) 2000	(6) 2001	(0) 2000	(0) 10:41				
	55,223.	195,204.	272,280.	217,515.	740,222.				
each year listed <b>b</b> 85% of line 2a	46,940.	165,923.	231,438.	184,888.	629,189.				
•	40,540.	105,343.	231,430.	104,000.	023,103.				
c Qualifying distributions from Part XII,	72,687.	332,816.	101,665.	124,859.	632,027.				
line 4 for each year listed d Amounts included in line 2c not	12,001.	332,010.	101,005.	124,059.	032,021.				
<u> </u>									
used directly for active conduct of	0.	0.	0.	0.	0.				
exempt activities  e Qualifying distributions made directly		<u>U.</u>	0.	0.	<u> </u>				
, -									
for active conduct of exempt activities.  Subtract line 2d from line 2c	72,687.	332,816.	101,665.	124,859.	632,027.				
3 Complete 3a, b, or c for the	12,001.	334,010.	101,005.	124,059.	032,021.				
alternative test relied upon:									
a "Assets" alternative test - enter:	3,389,507.	3,516,319.	4,476,318.	6,683,592.	18065736.				
(1) Value of all assets	3,303,307.	3,310,313.	4,4/0,310.	0,003,332.	10003/30.				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	0.	0.	0.	0.	0.				
b "Endowment" alternative test - enter	<u> </u>	U.		- 0.					
2/3 of minimum investment return									
shown in Part X, line 6 for each year	113,371.	130,136.	181,520.	181,250.	606,277.				
listed	113,3/1.	130,130.	101,520.	101,250.	000,211.				
c "Support" alternative test - enter:									
(1) Total support other than gross investment income (interest,									
dividends, rents, payments on									
securities loans (section	0	0	•		0				
512(a)(5)), or royalties)	0.	0.	0.	0.	0.				
(2) Support from general public and 5 or more exempt									
organizations as provided in	•	0	•		0				
section 4942(j)(3)(B)(III)	0.	0.	0.	0.	0.				
(3) Largest amount of support from	•	•	•		•				
an exempt organization	0.	0.	0.	0.	0.				
(4) Gross investment income  Part XV Supplementary Info	55,223.	89,724.	111,732.	217,515.	474,194.				
at any time during t			i the loundation	nau \$5,000 or mo	re in assets				
		iisti uctions.)							
1 Information Regarding Foundatio	_	.h 00/ .f.th			4				
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the i	roundation defore the close	e or any tax				
	40,000). (000 0.	30							
ANDREW LESSMAN	n aven 100/ ar mare of th	a stack of a corporation /	or on aqually lorge partic	a of the augustatus of a ac-	darship or				
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a pa	rtnersnip or				
NONE	a to to or ground interes	-							
	0 0:4	Cabalasabia ata Da		· ·	<del> </del>				
2 Information Regarding Contributi		• • •	•		ata far friada. If				
Check here  if the foundation of the foundation makes gifts, grants, etc. (									
				impioto itorno za, o, o, ana	<del> </del>				
a The name, address, and telephone numb	der of the person to whor	n applications should be a	audressed.						
N/A									
h. The form in which applications chould b	a aubmitted and informat	on and materials they sh	ould include:		<u> </u>				
b The form in which applications should b	e Submitted and impimat	ion and materials they sh	ould ilicitae.						
N/A									
c Any submission deadlines:									
N/A	gueb ee by sectors by	Lorono obsertable fields	kindo of inatitutions as as	thar factors:					
d Any restrictions or limitations on awards	, such as by geographica	i areas, charitable nelos,	Kinus of institutions, or o	mer lactors:					
N/A									
022601 02-02-10				· · · · · · · · · · · · · · · · · · ·	orm <b>990-PF</b> (2009)				
923601 02-02-10				ŀ	OIII 330-FF (2009)				

3 Grants and Contributions Daid During the	Voor or Approved for Fritzen	Downort		
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	Payment	1	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or Substantial Contributor	recipient		
VITAMIN ANGELS	N/A	501(C)3	PROVIDE SUPPLEMENTS TO	22,687.
PO BOX 4490 SANTA	[.,		DEVELOPING COUNTRIES,	22,007.
BARBARA, CA 93140		ORG.	COMMUNITIES, NEEDY.	
Simble in Solit			COMMONITIES, NEEDI.	
BUILDING HOPE NEVADA	N/A	501(C)3	TO FUND DEVELOPMENT OF	50,000.
430 PARKSON ROAD			HEALTY, SUSTAINABLE,	
HENDERSON , NV 89011		ORG.	SOCIALLY RESPONSIBLE	
,			PROJECTS	
Total			<u> </u>	72 607
b Approved for future payment		1	<u>▶ 3a</u>	72,687.
b Approved for ratare payment				
NONE				
Total			<b>▶</b> 3b	0.
923611 02-02-10			E	orm <b>990-PF</b> (2009)

Part XVI-A	Analys	is of Incom	e-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated.	Unrelated business income Exclud			ed by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7 unount	Tonction income
a					
b					
<u> </u>	<del> </del>		-		
d	<del> </del>		++		<del></del>
e		<del> </del>		-	
g Fees and contracts from government agencies		,			
2 Membership dues and assessments					
3 Interest on savings and temporary cash				İ	
investments _			14	55,223.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		(	<u>)                                    </u>	55,223.	
3 Total. Add line 12, columns (b), (d), and (e)				13	55,22
(See worksheet in line 13 instructions to verify calculations.)					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2009)

					. 1			
2a	is the	foundation directly or indirect	ly affiliated with, or related to, one	or more tax-exempt org	anizations descr	ibed		
	ın sec	ction 501(c) of the Code (other	than section 501(c)(3)) or in sec	tion 527?			Yes	X No
ь	If "Ye	s," complete the following sche	dule.					
		(a) Name of org	anization	(b) Type of organization	n	(c) Description	n of relationship	
		N/A						
	/							
	Under p	enaltes of periory, I exclare that I ha	eve examined this return, locluding acco	ompanying schedules and sta	itements, and to the	e best of my knowledge	and belief, it is true, correct,	
	and don	nplete Declaration of prepares (other	hauftaxpayer or fiduciary) is based on	all information of which prep	arer has any knowle	edge		
	19			111-13-	KON C	.EO		
Here	Si	gnature of officer or trustee		Date	Title	-		
Ē		Preparer's	11 1. 1.		Date ,	Check If	Preparer's identifying	number
Sign	id Only	signature 🗸 🗸 🗸	46 Byc		11/11/10	self- employed ► [		
. ا		Firm's name (or yours FAIR	, ANDERSON & LA	NGERMAN		EIN ▶		
ı.	Pai Prepar Use C	d self-employed), \$\bigs\3065	S JONES BLVD.,	SUITE 100				
		address, and ZIP code LAS	VEGAS, NV 89146			Phone no.	702-870-79	99
					_		Form <b>990-P</b>	F (2009)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT	1
SOURCE .				AMOUNT	
NEVADE STATE BANK - INTEREST	_	55,223.			
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	-	55,22	23. ===
FORM 990-PF	ACCOUNTING FEES			STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING	3,840.	0.	0	•	0.
TO FORM 990-PF, PG 1, LN 16B	3,840.	0.	0	•	0.
FORM 990-PF (	THER PROFES	SIONAL FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
PRODUCTION EXPENSES	105,433.	0.	0	•	0.
TO FORM 990-PF, PG 1, LN 16C	105,433.	0.	0	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
FILING FEES	75.	0.	0	•	0.
TO FORM 990-PF, PG 1, LN 23	75.	0.	0	•	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY ONE

THE ORGANIZATION SUPPORTS AND PROMOTES HEALTY LIFESTYLE CHOICES, DISEASE PREVENTION, MENTAL WELLNESS READING AND LITERACY, CULTURAL AND SOCIAL WELFARE OF CHILDREN, PARENTS AND THE GENERAL PUBLIC.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

105,433.

### 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 a	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		. <b>▶</b> 🕱
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed For	m 8868
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	olete	
Part I onl			▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extens	sion of time
	ome tax returns.	O/MO/M	
noted be (not auto you must	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cold to submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file goviefile and click on e-file for Chanties & Nonprofits.	cally if isolida	(1) you want the additional ted Form 990-T Instead,
Type or	Name of Exempt Organization	Empl	oyer identification number
print		_	
File by the	ANDREW LESSMAN FOUNDATION	5	4-2087198
due date for filing your			
return See	430 PARKSON ROAD  City, town or post office, state, and ZIP code For a foreign address, see instructions		<del></del>
instructions	HENDERSON, NV 89011-4040		
Check ty	pe of return to be filed (file a separate application for each return).		
For	rm 990 Form 990-T (corporation) Form 47	20	
Fo	rm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	27	
Fo	rm 990-EZ Form 990-T (trust other than above) Form 60		
X Fo	rm 990-PF Form 1041-A Form 88	70	
	DEDDA GEODGE		
• Thah	DEBRA GEORGE  ooks are in the care of  430 PARKSON ROAD - HENDERSON, NV 89011		
	hone No ► 702-567-3927 FAX No. ►		
	organization does not have an office or place of business in the United States, check this box		▶ □
		s is foi	the whole group, check this
box 🕨	If it is for part of the group, check this box I and attach a list with the names and EINs of all		_
			<del></del>
1 ire	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt		
_	AUGUST 15, 2010 , to file the exempt organization return for the organization named a	bove.	The extension
	for the organization's return for		
	X calendar year 2009 or		
	tax year beginning, and ending		_
2 If t	his tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
no	nrefundable credits. See instructions	3a	\$ 0.
	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	payments made Include any prior year overpayment allowed as a credit	3b_	<b>s</b> 290.
	slance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	-	ο 0
	e instructions	3c	<u> </u>
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
LHA I	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2009)

Form 8868 (Re	v. 4-2009)		Pag	e 2	
<ul> <li>If you are fi</li> </ul>	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x	<b>▶</b> 🗓		
-	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed		3868		
•	ing för 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 co	pies n	eeded)		
Type or N	ame of Exempt Organization	Employer identification number			
print AN	ANDREW LESSMAN FOUNDATION		54-2087198		
File by the extended N	umber, street, and room or surte no. If a P.O. box, see instructions  0. PARKSON ROAD	For IRS use only			
filing the return See C	try, town or post office, state, and ZIP code. For a foreign address, see instructions INDERSON, NV 89011-4040	!			
Check type of Form 99		= -	rm 5227 Form 88 rm 6069	70	
STOP! Do no	t complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 8868.		
Telephone If the orga If this is fo box I reques For cale If this ta State in	are in the care of ▶ 430 PARKSON ROAD - HENDERSON, NV 89011  No ▶ 702-567-3927  FAX No ▶  Initial return  Final return  And ending  And ending  Initial return  Final return  FROM THI  FAX No ▶  If the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ▶ and attach a list with the names and EINs of all the part of the group check this box ■ and attach a list with the names and EINs of all the part of the group check this box ■ and attach a list with the names and EINs of all the part of the group check this box ■ and attach a list with the names and EINs of all the part of the group check this box ■ and attach a list with the names and EINs of all	memb	ers the extension is for Change in accounting per		
	LAVE NOT RECEIVED THE NECESSART INFORMATION FROM THE	.KD_	PARTIES TO		
8a If this a nonreful b If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	8a	s 55	2.	
, ,	ments made Include any prior year overpayment allowed as a credit and any amount paid usly with Form 8868	8b	s 29	0.	
c Balanc	e Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c		52.	
	Signature and Verification				
Under penalties it is true, correct Signature	s of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ct, and complete, and that I am authorized to prepare this form.  Title   Title		of my knowledge and belief,  Sylvaria 8868 (Rev. 4-2		
			Fórm <b>á868</b> (Rev. 4-2	2009)	

923832 05-26-09