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Return of Private Foundation

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

OMB No 1545-0052

		venute Service	Not	te. The for	undation may l	be able to	use a copy of th	s return to sat	isfy state repo	rtıng re	quirements		
For	alen	idar year 2009,	or tax year	beginning	DEC	30,	2009	, and e	ending	DEC	31.	2009	
G C	heck	all that apply:		nıtıal retur Amended r	n		nitial return of a	•	charity	Name o	Fır	nal return	
	the abel	ino	foundation					-		A Em	ployer iden		number
	Otherwise, THE CYNTHIA LAKE CHARITABLE TRUST Number and street (or P O box number if mail is not delivered to street address) Room/suite							54-6807824					
	print				er if mail is not de	elivered to st	reet address)		Room/suite		phone num		
	r type Spe	.:« <u> </u>	X 2005							(<u>661)3</u>	78-2	
	ructio	ne City or tov	wn, state, and										inding, check here
		BAKER	SFIELI			0-005							, check here
H_C	_	type of organiz			n 501(c) <u>(3)</u> ex					2. 5	heck here and	attach cor	sting the 85% test, putation
		ction 4947(a)(1					ble private found						us was terminated
		arket value of all		d of year	J Accounti	-		L Acc	rual	und	er section 5	607(b)(1)(A), check here
		Part II, col. (c),	, line 16)			her (speci	fy)						0-month termination
	\$	I Amelianta at D				mn (d) mi	ust be on cash			und	er section 5	607(b)(1)(B), check here
<u>Pa</u>	ırt I	Analysis of R (The total of amonecessarily equi	ounts in columi	ns (b), (c), ar	nd (d) may not		evenue and ises per books		ome	(c) Adjusted income	net	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, grants,	, etc., rece	ived		95,099						
	2		if the foundation is		o attach Sch B	<u> </u>	 -						
	3	interest on saving cash investments	gs and tempora s	ary				<u> </u>		ļ			
	4	Dividends and	ınterest from	ı securitie:	S								
	5a	Gross rents								<u> </u>			
20 IU Revenue	b	Net rental income	e or (loss)					<u> </u>					
	62 Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all							.					
	7	Capital gain net ii		art IV, line 2)					0.			Ī	
7 %	8	Net short-term	capital gain										
3	9	Income modifi									-		
3	10a	Gross sales less and allowances	returns										
_	۱ .	Less Cost of goo	ods sold										
2	C	Gross profit or	r (loss)										
ב	11	Other income					_						
<u></u>	12	Total. Add line	es 1 through	11			95,099	,	0.			0.	
	13	Compensation of	f officers, direct	ors, trustee:	s, etc		0 .		0.			0.	0.
ζ	14	Other employe	e salaries an	d wages				<u> </u>					
ゟ	15	Pension plans,	, employee b	enefits									<u></u>
ses	16a	Legal fees											
ë	b	Accounting fee	es										
Ä	C	Other profession	onal fees										
<u>š</u>	17	Interest			ma								
rat	18	Taxes			RE	CEIV	/FD				<u> </u>		
Operating and Administrative Expense	19	Depreciation a	nd depletion		-			1			. <u>.</u> .		
Ē	20	Occupancy		!	É NO	V 7 = .	721	1					
ŢΥ	21	Travel, confere		eetings		152							
and	22	Printing and p	ublications	- 1	00:								
Б	23	Other expense	S .	L	<u>OG</u> [PEN.	HT						
rati	24	Total operatin	ig and admin	istrative		7	<u> </u>						
be		expenses. Ad	d lines 13 thr	ough 23			0.	•	0.			0.	0.
O	25	Contributions,	gifts, grants	paid						<u> </u>			
	26	Total expense	es and disbur	rsements								1	
	<u> </u>	Add lines 24 a	nd 25			ļ	0	•	0.			0.	0.
	27	Subtract line 2	e from line 1	2:									
	a	Excess of revenu	ie over expense	s and disbu	rsements		95,099	.					
	b	Net investmen	nt income (if r	negative, en	ter -0-)				0.				
065-		Adjusted net i				<u> </u>		<u> </u>				0.	
9235 02-0	u 1 2-10	LHA For Pr	ivacy Act and	d Paperwe	ork Reduction	Act Notice	e, see the instru	ctions.					Form 990-PF (2009)

For	m 99	00-PF (2009) THE CYNTHIA LAKE CHARIT			6807824 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		75,000.	75,000.
		Savings and temporary cash investments			
	3	Accounts receivable ►	-		
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	I -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	1		
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	ь	Investments - corporate stock			
	ł	Investments - corporate bonds			
	l	Investments - tand, buildings, and equipment, basis			
		Less accumulated depreciation	1		
	12	Investments - mortgage loans			
	13	Investments - other STMT 1	0.	20,099.	20,394.
		Land, buildings, and equipment; basis	i		
	''	Less accumulated depreciation			
	15	Other assets (describe >			···
	'3	Other assets (describe >			
	16	Total assets (to be completed by all filers)	0.	95,099.	95,394.
_		Accounts payable and accrued expenses			
	18	Grants payable			
(0	19	Deferred revenue			
Ę	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
<u>:</u>	l .	Other liabilities (describe)			
	22	Other Habilities (describe			
	22	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			
Š	25	Temporarily restricted			
ă			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · · 	
펄	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ē		•			
<u></u>	0.7	and complete lines 27 through 31	0.	0.	
ets	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund		• •	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	95,099.	
ž	30	Total net assets or fund balances	0.	95,099.	
		Total Pak Pitta and an arrange Wood hall are		05 000	
=	31	Total liabilities and net assets/fund balances	0.1	95,099.	
Р	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	l net assets or fund balances at beginning of year - Part II, column (a), line	: 30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		2	95,099.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	95,099.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	95,099.

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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.

Enter qualifying distributions from Part XII, line 4

	n 990-PF (2009) THE CYNTHIA LAKE CHARITABLE TR							6807			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940	0(a), [,]	494	10(b),	4940(e), or 4	948	- see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗀 and en	nter "N/.	/A" o	n line 1.)	1				
	Date of ruling or determination letter: (attach copy of letter if nece	essary	y-see	e instruc	tions)	}					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	•	and	d enter 1	%)	1_				0.
	of Part I, line 27b										
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I, lı	ine 12, d	ol. (b))					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers er	nter -	-0-)			2				0.
3	Add lines 1 and 2						3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers e	enter	-0-)			4		_		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5				0.
6	Credits/Payments:										
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a									
b	Exempt foreign organizations - tax withheld at source	6b									
C	: Tax paid with application for extension of time to file (Form 8868)	6c	_								
d	Backup withholding erroneously withheld	6d									
7	Total credits and payments. Add lines 6a through 6d						7			_	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched					8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				,		10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				Refun	ded 🖊	11				
	art VII-A Statements Regarding Activities								1		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	lation o	or dic	d it parti	cipate or i	ntervene	ın			Yes	No
	any political campaign?								1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposi	ses (see	e ins	struction	s for defir	ution)?			1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	і соріє	es o	f any m	aterials p	ublishe	d or				
	distributed by the foundation in connection with the activities.										
C	Did the foundation file Form 1120-POL for this year?								10		_X_
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ${f y}$										
	(1) On the foundation. > \$ (2) On foundation managers.					0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax	x imp	posed o	n foundat	on					
	managers. ► \$ 0 .										
2	Has the foundation engaged in any activities that have not previously been reported to the IR	RS?							2_		X
	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		nent,	articles	of incorpo	oration, o)r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change								3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?							<u>4a</u>		<u> </u>
	of "Yes," has it filed a tax return on Form 990-T for this year?						N	/A	4b	L	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?								5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T	. L									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	mer.									
	By language in the governing instrument, or By state legislation that officety by amonde the governing instrument so that no mondetons	. diront		that an	nflint with	the etet	laur				
	By state legislation that effectively amends the governing instrument so that no mandatory The reserved materials are supported by the second of t	y airect	HORS	i inai co	milict with	ine state	aw		_	•	
7	remain in the governing instrument?								6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?								7	<u>X</u>	<u> </u>
٥.	If "Yes," complete Part II, col. (c), and Part XV	201									
oa	Enter the states to which the foundation reports or with which it is registered (see instruction CA	110) 🟲	_						1		
_		Hornou	. Con		dagranata	`					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att of each state as required by General Instruction G? If "No," attach explanation	шинеу	y util	ıcı aı (Ul	ucsignali	,			8b	х	
۵	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction Af	10/12/	(1)(3) or	404211/E	for calc	nder		00		
J	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co					i i oi calt	iiudi		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule					<u> </u>	TMT	2	10	X	
	and any personne adaption and additional during the tax year. If Test, attach a schedule	i o insting	y utell	names a	na address	53 D			m 99 0		20091
										1	/

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

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orm 990-PF (2009) THE CYNTHIA LAKE CHARITA			<u>54-68078</u>	24 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	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	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 indire	ectly,	j	
any voter registration drive?		☐ Ye	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				
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 f	or		
the prevention of cruelty to children or animals?	• • • • • • • • • • • • • • • • • • •		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru		n rrogalationo	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		han	, <u> </u>	
·			s 🔲 No	
expenditure responsibility for the grant?		/A	.5 110	
If "Yes," attach the statement required by Regulations section 53 4945			į	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	day premiums on		s X No	
a personal benefit contract?	11(1	Y6	1	c. V
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		-	6b 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		Y6	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>	
Faid Limployees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evnança
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter -0-)	compensation	allowances
T	TRUSTEE			
P.O. BOX 20051			_	_
BAKERSFIELD, CA 93390-0051	0.00	0.	0.	0.
			•	
]
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(-) Name and address of each applicant and more than \$50,000	(b) Title, and average	(-) Companyation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE			<u>-</u>	
*10212				
<u>. </u>				1
		 		
				-
			1	
	<u> </u>	<u> </u>	L	<u> </u>
Total number of other employees paid over \$50,000				<u>0</u>
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Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	rs, 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 Part IX-A Summary of Direct Charitable Activities		>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information surnumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ch as the	Expe	nses
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments		<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1N/A		Amo	uiit
2			
All other program-related investments. See instructions. 3		-	
Total. Add lines 1 through 3	•		0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	75,000.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	75,000.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	75,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,125.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	73,875.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	20.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	20.
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	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20.
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	20.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	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:		
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	0.
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	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	ne section

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Part XIII	Undistributed	Income	(see instructions)
	•		

,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				20.
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:		0.		
a From 2004				
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: ► \$ 0 .				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' 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	1 <u>-</u> .		- · · · · ·	
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				20.
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.	0.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2005 b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
9 EX0000 BOIN 2000	÷		L	Form 990-PF (2009)

	THIA LAKE C				307824 Page 10
Part XIV Private Operating Fo	pundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating	j		
foundation, and the ruling is effective for	2009, enter the date of	the ruling	. .		
b Check box to indicate whether the found	iation is a private operati	ng f <u>oundation described</u>	I in section	4942(j)(3) or 4	942(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,		<u> </u>			
, ,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<u> </u>			
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					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return				ļ	
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)					<u> </u>
(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	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t			ii dio iodiidado	π παα φο,σσσ στ π.	oro iii uoooto
					
1 Information Regarding Foundatio		1b 00/ - 64b - 4-4-1			
a List any managers of the foundation who year (but only if they have contributed in			itributions received by t	ne toundation before the cit	ose of any tax
	iore man 40,000). (See s	Section 307 (a)(2).)			
CYNTHIA G. LAKE					· · · · · · ·
b List any managers of the foundation who			ı (or an equally large poi	tion of the ownership of a j	partnership or
other entity) of which the foundation has	s a 10% or greater intere	SL			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		
Check here 🕨 🔲 if the foundation o					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:		
CYNTHIA LAKE, 661-37		**			
P.O. BOX 20051, BAKE		93390-005	1		
b The form in which applications should b			•		
FORM HAS NOT YET BEE		_	oJaia molado,		
	TA DEARITOR EFF	<u> </u>			· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines:	אי השנופו חשים	1			
FORM HAS NOT YET BEE			o lundo of motalistica = =	r other feeters:	
d Any restrictions or limitations on awards			s, kinas of institutions, d	outer factors;	
FORM HAS NOT YET BEE	N DEVELOPEI	J			
		 			- 000 5-
923601 02-02-10					Form 990-PF (2009)

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
· Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
NONE				
Total b Approved for future payment			<u>▶ 3a</u>	0.
a Approved for lutare payment				
NONE				
Total			▶ 3b	0

Form **990-PF** (2009)

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Part XVI-A Analysis of Income-Producing Activities

			ousiness income	Evoluded	by section 512, 513, or 514	
	amounts unless otherwise indicated. n service revenue:	(a) Business code	(b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
-	ii sei vice revenue.	code		1000		
			·			
f						
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments					
3 Interest	on savings and temporary cash					
investm						
_	ds and interest from securities					· · · · · · · · · · · · · · · · · · ·
	al income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	al income or (loss) from personal					
property				+ +		· · · · · · · · · · · · · · · · · · ·
	vestment income			+		·
	(loss) from sales of assets other					
than inv				+-+		
	ome or (loss) from special events rofit or (loss) from sales of inventory					
11 Other re	• •					
		- 				
		1 1				
		1 1				
e		_		 		·
	I. Add columns (b), (d), and (e)		0.		0.	0.
	add line 12, columns (b), (d), and (e)		-			0.
	heet in line 13 instructions to verify calculations.)				
Part X\	/I-B Relationship of Activities	s to the Accom	plishment of E	xempt P	urposes	
	•					
Line No.	Explain below how each activity for which in the foundation's exempt purposes (other the			A contribute	d importantly to the accom	plishment of
	the foundation 3 exempt purposes (effect the	an by providing funds	o tot sacii parposcoj.			
						. <u></u> <u>.</u>
			····			
923621 02-02-10						Form 990-PF (2009)

		YNTHIA LAKE CH				6807824	
Part X	Information Re Exempt Organ	egarding Transfers To	and Transactions	and Relation	onships With No	ncharitable)
1 Did		rectly engage in any of the follow	ving with any other organiza	ntion described in	section 501(c) of		Yes No
)(3) organizations) or in section :			00011011 00 1(0) 01		
	·	ation to a noncharitable exempt (,			!
	Cash					1a(1)	x
. ,	Other assets					1a(2)	X
	er transactions:					14(2)	
	Sales of assets to a noncharita	ble exempt organization				1b(1)	x
		ncharitable exempt organization				1b(2)	X
	Rental of facilities, equipment,					1b(3)	Х
	Reimbursement arrangements					1b(4)	Х
	Loans or loan guarantees				•	1b(5)	Х
		embership or fundraising solicitat	tions			1b(6)	Х
		uling lists, other assets, or paid e				1c	Х
		"Yes," complete the following sci		always show the f	fair market value of the		
		oundation. If the foundation rece					
		other assets, or services receive		-			
(a) Line no	(b) Amount involved	(c) Name of noncharitat	ble exempt organization	(d) Descr	iption of transfers, transaction	ons, and sharing ar	rangements
		N/A					
							
					-11		
·	<u> </u>						
		tly affiliated with, or related to, or		inizations describe	ed		
		r than section 501(c)(3)) or in se	ection 527?			Yes	X No
b If "Y	es," complete the following sch		10.7				
	(a) Name of org	janization	(b) Type of organization	1	(c) Description of re	elationship	
	N/A			<u> </u>			
I In day							
		lave examined this return, including ac or tham taxpayer or fiduciary) is based o				mer, it is true, corre	cı,
1.	· Charles	Lasto.		Pr	-c. 1		
ج 📗 و	Signature of officer or trustee		11/9/10	Tulo	so much	u_	
<u> </u>	<u> </u>	A Arra	Date	Date	Check if	Preparer's identify	vina number
Sign Here	Preparer's signature	EI OK TE OFFICE		Date /// 9/10	self-		-
ᄭᆝᅲᅙᅗ	AND A PARTICION AND AND AND AND AND AND AND AND AND AN	TAY A PORTER		·// -// -	employed	P00085	<u> </u>

Form **990-PF** (2009)

(661)635-3180

77-0344660

Phone no.

Paid Preparer's Use Only

KEATHLEY & ROSS LLP

4260 TRUXTUN AVENUE, SUITE 140

ıt self-employed),

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number Name of the organization 54-6807824 THE CYNTHIA LAKE CHARITABLE TRUST Organization type (check one): Filers of Section 501(c)(Form 990 or 990-F7) (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 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)

Name of organization

Employer identification number

THE CYNTHIA LAKE CHARITABLE TRUST

54-6807824

Part I	Contributors (see instructions)		
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CYNTHIA LAKE P.O. BOX 20051 BAKERSFIELD, CA 93390-0051	\$\$, 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CYNTHIA LAKE P.O. BOX 20051 BAKERSFIELD, CA 93390-0051	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CYNTHIA LAKE P.O. BOX 20051 BAKERSFIELD, CA 93390-0051	\$\$ \$17,994.	Person Payroll Noncash X (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) 990, 990-EZ, or 990-PF) (2009)

Employer identification number

THE CYNTHIA LAKE CHARITABLE TRUST

54-6807824

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_2	LIFE INSURANCE POLICY		
		\$\$	12/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	LIFE INSURANCE POLICY		
		\$\\$\\$17,994.	12/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
	-10	\$	0, 990-EZ, or 990-PF) (2

	90, 990-EZ, or 990-PF) (2009)		Page of of		
me of organiz	zation	Employer identification number			
TE CVM	THIA LAKE CHARITABLE	54-6807824			
art III	Exclusively religious, charitable, etc., in	ndividual contributions to section 50 e columns (a) through (e) and the follo ous, chantable, etc , contributions of	1(c)(7), (8), or (10) organizations aggregating wing line entry. For organizations completing		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(S) t di possi di gili	(e) 656 61 gm.			
-	(e) Transfer of gift				
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		
rom	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held		
rom		nd ZIP + 4			
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held		
from		(c) Use of gift (e) Transfer of gift			
a) No.	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held		
a) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee		
a) No. from Part I a) No. from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee		

923454 02-01-10

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

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	1
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
LIFE INSURANCE POLICY-LINCOLN	COST	2,105.	2,4	00.
LIFE INSURANCE POLICY-SUN LIFE FINANCIAL	COST	17,994. 20,099.	17,994.	
TOTAL TO FORM 990-PF, PART II,	LINE 13		20,394.	94.
	SUBSTANTIAL CONTRIB RT VII-A, LINE 10	UTORS	STATEMENT	2
NAME OF CONTRIBUTOR	ADDRESS			
CYNTHIA LAKE	P.O. BOX 2005 BAKERSFIELD,			