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2008

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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 2008, and ending 2008, 20

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: The Stan Loe Charitable Foundation, Inc. Number and street (or P.O. box, if mail is not delivered to street address): 96 T. NAST, 720 E. NORTH AVE, #108 City or town, state or country, and ZIP + 4: FRESNO, CA 93725-1946

D Employer identification number: 56-2336940 E Telephone number: (559) 233-4330 F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: J Organization type (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 0.46

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (0.46), expenses (1,084.64), and net assets (1,084.18). Includes a 'RECEIVED' stamp from OGDEN, UT.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Includes handwritten entries for total assets (1,084.18) and total liabilities (0).

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<input checked="" type="checkbox"/>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
40b	b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		
42a	The books are in care of Located at		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<input checked="" type="checkbox"/>
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47 48 49a 49b
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000	0	0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Thomas Nast Date: 1-25-2010

Type or print name and title: Thomas Nast, CEO, Secy, CFO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: _____ EIN: _____ Preparer's Identifying Number (See instructions): _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	If "Yes," provide the date of the letter. ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5b	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	If "Yes," did the organization provide such notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7a	Did the organization discharge or pay all liabilities in accordance with state laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	Did the organization have any tax-exempt bonds outstanding during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	\$ 1,084.64	Sept 3	1,084.64	N/A	45-2623972	THOMAS NASH 7208 NORTH AVE, #108 FRESNO, CA 93728-1546	N/A

2		Yes	No
Did or will any officer, director, trustee, or key employee of the organization.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a Become a director or trustee of a successor or transferee organization?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Become an employee of, or independent contractor for, a successor or transferee organization?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Become a direct or indirect owner of a successor or transferee organization?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

The distribution of \$1,084.64 will be made to Thomas Nekt upon completion of the dissolution of the organization pursuant to California law.

Statement 1

Form 990-EZ, Part I, Line 13 - Professional fees and other payments to independent contractors

Thomas Nast, who is an attorney duly licensed to practice law in California and who is also the CEO, Secretary and CFO of the corporation, will dissolve the corporation and pay all required fees and costs himself for the total amount of \$1,084.64, which equals the anticipated balance of cash in the corporation's bank account at October 31, 2009. But for Thomas Nast's involvement in the corporation, he would charge \$2,500.00 plus fees and costs for these services.

Statement 2

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The purpose of the organization is to provide scholarships to graduates of Manchester High School, Manchester, Iowa, where the organization's founder, Stan Lee, graduated. At the time the organization was created, Mr. Lee's estate would have provided the organization about \$5.0 Million upon his death, to fund its charitable purpose. Subsequent to the creation of the organization, Mr. Lee married and eventually changed his testamentary documents to leave his entire estate to his widow. Mr. Lee died on August 7, 2009, leaving nothing to the organization.