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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 calenda	r year 2009, or tax year beginning		, and ending_		
G Check all	I that apply Initial return Amended return	Initial return of a fo	ormer public charity	Final retu	rn
Use the IRS	Name of foundation		3~	A Employer identification	on number
label. Otherwise,	' ————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·		58-211052	8
print	Number and street (or P O box number if mail is not di	•	Room/suite	B Telephone number	
or type. See Specifi	1682 INDIAN HILLS DRI	VE		(863)902-	
Instructions		1		C If exemption application is D 1. Foreign organization	ns, check here
	pe of organization Section 501(c)(3) exon 4947(a)(1) nonexempt charitable trust X	cempt private foundation	ation	Foreign organizations in check here and attach or check here are check here. Output Output Description Output Description Output Description Description	neeting the 85% test, computation
	et value of all assets at end of year J Account	ng method X Cash	Accrual	E If private foundation st under section 507(b)(
(from Pai ►\$	rt II, col. (c), line 16) 0 4 , 303 , 574 . (Part I, colu	ther (specify)	hoose 1	F If the foundation is in a	. []
	Analysis of Revenue and Expenses			under section 507(b)(4.0
	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for chantable purposes (cash basis only)
l l	ontributions, gifts, grants, etc , received	28,245.		N/A	
	heck if the foundation is not required to attach Sch. B terest on savings and temporary			<u> </u>	
J ca	ash investments .	141,055.	141,055		STATEMENT 1
1 .	ividends and interest from securities ross rents	141,033.	141,000		DIMIENENI I
	et rental income or (loss)		***************************************		
6a Na	et gain or (loss) from sale of assets not on line 10	-105,936.	! !		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
j ⊾ Gr	ross sales price for all 628, 319.		······································		
8 7 Ca	apital gain net income (from Part IV, line 2)	, , , , , , , , , , , , , , , , , , , ,	0.	· · · · · · · · · · · · · · · · · · ·	
6 8 Ne	et short-term capital gain		20 10		
	come modifications RECEIVE	D	······································		
	ross sales less returns di allowances	los	. newhalam - 1 W.W.	·	-111 111
1	respondent or (loss)		······		
	ioss profit of (loss) in 1,00	1,659.	1,659.	 	STATEMENT 2
	ther income otal. Add lines 1 through 11 OGDEN. J	65,023.	142,714		STATEMENT 2
	ompensation of officers, directors, trustees, etc	0.	0.		0.
I	ther employee salaries and wages				-
	ension plans, employee benefits			-	
Se 16a Le	egal fees				
∑ b Ac	ccounting fees STMT 3	4,200.	2,100.	,	0.
EXP COT	ther professional fees STMT 4	10,390.	10,390.	•	0.
. ≨ 17 Int	terest	2 077	1 070		
D Ac D D D	EXES STMT 5	2,877. 7,763.	1,072. 0.		0.
19 De	epreciation and depletion	1,703.	<u> </u>		
등 20 00 Y 21 Tr	ccupancy avel, conferences, and meetings	3,174.	0.		0.
22 Pr	rinting and publications	3,171.		'	
23 Ot	ther expenses STMT 6	3,216.	0.	,	0.
ः है 24 To	otal operating and administrative				
₩	penses. Add lines 13 through 23	31,620.	13,562.	,	0.
25 Cd	ontributions, gifts, grants paid	102,535.			102,535.
4	otal expenses and disbursements.				1
	dd lines 24 and 25	134,155.	13,562.		102,535.
	ubtract line 26 from line 12	60 133			
	cess of revenue over expenses and disbursements	-69,132.	129,152.		
ľ	et investment income (if negative, enter -0-) 1]usted net income (if negative, enter -0-)		149,132.	N/A	-
C AL	Transfer tier titening (it negative, enter -0-)	L		11/15	<u> </u>

1 1

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
T OI	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
`1	Cash - non-interest-bearing	580,451.	456,096.	456,096
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less allowance for doubtful accounts	Ì		
4	Pledges receivable ►			· · · · · · · · · · · · · · · · · · ·
	Less allowance for doubtful accounts ▶		ĺ	
5	Grants receivable			
1 6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less allowance for doubtful accounts	521,500.	520,137.	520,137
ω s	Inventories for sale or use	5227555	020/10/0	320,137
Assets	Prepaid expenses and deferred charges			
ر ا کا 10 کا	Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	1,469,088.	1,609,974.	1 621 204
	c Investments - corporate bonds STMT 8	1,194,331.	1,114,356.	1,621,204 1,122,827
4		1,194,331.	1,114,330.	1,122,021
' '	Investments - land, buildings, and equipment basis			
1.0	Less. accumulated depreciation			
	! Investments - mortgage loans			
13	•			
14		424 061	410 451	410 451
	Less. accumulated depreciation STMT 9 > 14,709.	424,061.	419,451.	419,451.
15	Other assets (describe WIP- RETREAT CENTER)	163,574.	163,859.	163,859.
16	Total assets (to be completed by all filers)	4,353,005.	4,283,873.	4,303,574.
17	Accounts payable and accrued expenses			
18	Grants payable			
ဖ္မ 19	Deferred revenue _			
Liabilities 51	Loans from officers, directors, trustees, and other disqualified persons			
g 21	Mortgages and other notes payable			
⊐ ₂₂	Other liabilities (describe 🕨)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
ı	and complete lines 24 through 26 and lines 30 and 31.			
8 24	-			
E 25			· · - · · · · ·	
E 26				
or Fund Balanc	Foundations that do not follow SFAS 117, check here			
죠	and complete lines 27 through 31.			
Ö 27	-	2,500.	2,500.	
set 28		0.	2,300.	
SS		4,350,505.	4,281,373.	
Net Assets	F	4,353,005.	4,283,873.	
¥ 30	Total net assets or fund balances	4,333,003.	4,203,073.	
94	Total liabilities and not assets that belower	4,353,005.	4,283,873.	
31	Total liabilities and net assets/fund balances		4,203,013.	
Par	Analysis of Changes in Net Assets or Fund Ba	lances		
1 Tot	a) not accord by fund halanoge at hospinging of year. Don't Localisms (a) line 0	0	<u> </u>	
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	U		/ 252 AAE
	ust agree with end-of-year figure reported on prior year's return)		. 1	4,353,005. -69,132.
	er amount from Part I, line 27a		2	<u>–69,132.</u>
	er increases not included in line 2 (itemize)		3	0.
	illines 1, 2, and 3		4	4,283,873.
	reases not included in line 2 (itemize)	4.1.	5	0.
6 Tot	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30		4,283,873.
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	Part Ⅳ Capital Gains	and L	osses for Tax on In	vestmen	t Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquired P - Purchase D - Donation							acquired day, yr)	(d) Date sold (mo , day, yr)			
	NORTHERN TRUST							P			
	NORTHERN TRUST							P	_		
_	CAPITAL GAINS	DIVI	DENDS			<u> </u>					
_0						<u> </u>					
		(6)									<u> </u>
	(e) Gross sales price	(1)	Depreciation allowed (or allowable)		expense of sale					Sain or (loss s (f) minus	(g)
_2					34,46						2,167.
	1 1 (1				699,78	8.					-109,264.
											1,161.
-6											
	Complete only for assets showing	na asin in	column (h) and owned by t	he foundation	n on 12/31/69				I) Coinc /(Col. (b) gain	minue
_			(i) Adjusted basis		xcess of col (I)					Col (h) gain not less thai	
	(i) F M V as of 12/31/69		as of 12/31/69		r col (j), if any		•		Losses	(from col ((ከ))
			·· ··					_			2,167.
											-109,264
_								-	-		1,161.
_	1							-			
)										
2	Capital gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2				-105,936.
3	Net short-term capital gain or (los	.c/ ac dat			•	.)				-	
Ü	If gain, also enter in Part I, line 8,	,	• •	J (0)		1					
_	If (loss), enter -0- in Part I, line 8	``				Ĵ	3			N/A	
L	Part V Qualification U	nder S	Section 4940(e) for	Reduced	d Tax on Net	Inv	estn	nent Inc	come		
Wa If '	section 4940(d)(2) applies, leave the as the foundation liable for the sections; the foundation does not qual Enter the appropriate amount in 6	tion 4942 Ify under	tax on the distributable amo section 4940(e) Do not cor	nplete this pa	art						Yes X No
÷	(a)	acir colu		ctions before	Thaking any entre				<u> </u>		(d)
	Base period years Calendar year (or tax year beginnir	ng in)	(b) Adjusted qualifying disti		Net value of no		ritable-			Distrib (col (b) div	(d) oution ratio ided by col (c))
_	2008			4,745.				6,525			.043756
_	2007			1,832.				4,539			.041661
_	2006			900.				0,797			.038684
_	2005	-		1,274.				3,668			.014676
_	2004		<u> </u>	1,978.		3	, /5	7,138	5 •		.013834
	Total of line 1, column (d)								2		.152611
3	Average distribution ratio for the 5 the foundation has been in exister			n line 2 by 5,	or by the number	of ye	ars		3		.030522
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4		2,884,635.						
5 Multiply line 4 by line 3			5		88,045.						
6	Enter 1% of net investment incom	ne (1% o1	Part I, line 27b)						6		1,292.
	Add lines 5 and 6	,	· · · · · · · · · · · · · · · · · · ·			٠			7		89,337.
		. Da .4 M	· ·	•				•			
đ	Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions			lb, and comp	olete that part using	g a 1'	% tax r	rate	8		102,535.
	2501 02 02 10										OO DE (0000)

orr	1990-PF (2009) THE LOFTIS FOUNDATION, INC.	<u> 58-</u>	2110	<u>528</u>	<u> </u>	Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	nstri	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			1,2	92.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1,2	92.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			1,2	92.
6	Credits/Payments					*********
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1, 137.					
t	Exempt foreign organizations - tax withheld at source]				
C	Tax paid with application for extension of time to file (Form 8868) 6c		1			
d	Backup withholding erroneously withheld . 6d					
7	Total credits and payments Add lines 6a through 6d	7 7	ĺ		1,1	37.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1	55.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶	11				
Pá	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın :			Yes	No
	any political campaign?		_ [1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		[1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	ĺ			
	distributed by the foundation in connection with the activities.		İ			
C	Did the foundation file Form 1120-POL for this year?		L	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		[
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ 0 .	_				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers > \$O.		i			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		1	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 instrument, articles of incorporation,)[
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		Ļ	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		,_	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A.	4b		<u> </u>
5				5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		Ī			ĺ
	By language in the governing instrument, or					ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state) law	1			İ
_	remain in the governing instrument?		-	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		F	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		f			
Ba	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL Control of the con					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				v	İ
^	of each state as required by General Instruction G? If "No," attach explanation		-	8b	Х	
y	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	naar				v
40	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		}	9		X
<u> 10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Λ.

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orm	990-PF (2009) THE LOFTIS FOUNDATION, INC.	58-211	0528		Page 5
Pa	art 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
	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	•			
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A	•		L	_
14		one no ▶ (863)	902-	703	4
	Located at ▶ 1682 INDIAN HILLS DRIVE, MOORE HAVEN, FL	ZIP+4 ►3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\overline{\cdot}$
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
Pε	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?	Yes X No	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?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	162 (XX) ND			
		Yes X No			
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? /Franction Check "No."	L TES LA NO			
	(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)	Yes X No			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	37 / B			
	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 corre	cted			
	before the first day of the tax year beginning in 2009?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating fou	ndation			
	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?	Yes X No			
	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	ncorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" are	nd attach		1	
	statement - see instructions)	N/A	2b	1	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	•			
	>			-	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1	
	during the year?	Yes X No		1	
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified pe				
_	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)			- 1	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sch		[1	
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3ь	1	
A 2	Did the foundation invest during the year any amount in a manner that would leopardize its charitable purposes?	14/11	4a		<u> </u>
70	See the resultance in the control of the feat and alternative in a figuricial matematic in the control of the c		1 40	1	41

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b 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?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)	, 	~~~~~~~~~
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		es X No		
`(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indi				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	ş ? .	. L Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	,			
509(a)(1), (2), or (3), or section 4940(d)(2)?		. L Y	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?			es 🗶 No 📗		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	ider the exceptions described	in Regulations	_ ,		
section 53 4945 or in a current notice regarding disaster assistance (see instr	•	•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check			▶∟」		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?	ľ	V/A [] γ	es 🔛 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				
a personal benefit contract?		Y	es 🗶 No 📗		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit 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	shelter transaction?	Y	es 🗓 No 🚶		
b If yes, did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highl	У		
List all officers, directors, trustees, foundation managers and their	companyation				
List all officers, affectors, reastees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	10	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	aco	count, other llowances
ROBERT W. LOFTIS	PRESIDENT			T	
1682 INDIAN HILLS DRIVE	_				
MOORE HAVEN, FL 33471	0.00	0.	0	•	0.
				ľ	
	<u> </u>				
		<u> </u>		<u> </u>	
2 Compensation of five highest-paid employees (other than those in	-	enter "NONE."	(d) Contribution to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc al	e) Expense count, other llowances
NONE		-		1	
				T	
]				
	1	<u> </u>		\perp	
	<u> </u>				
	<u> </u>				
Total number of other employees paid over \$50,000	<u>.</u>				0

Form	ggn	-PF	(200	9١

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(e) Name and address of each person paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest decident and the services owing the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions All other program-related investments. See instructions All other program-related investments. See instructions	3 Five highest-paid independent contractors for professional services. If none, enter "NC	ONE."	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities List the foundation's four largest direct charitable activities Expenses			(c) Compensation
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities		<u></u>	-
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities			-
Part IX-A Summary of Direct Charitable Activities			
Part IX-A Summary of Direct Charitable Activities	Total number of others receiving over \$50,000 for professional services		▶ 0
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc N/A	Part IX-A Summary of Direct Charitable Activities		· · · · · · · · · · · · · · · · · · ·
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc N/A	List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	oformation such as the	
2 3 4 Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A 0 All other program-related investments See instructions 3 Total. Add lines 1 through 3			Expenses
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A 0 All other program-related investments See instructions Total. Add lines 1 through 3	1 N/A		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A 0 All other program-related investments See instructions Total. Add lines 1 through 3			
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Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A O All other program-related investments See instructions Total. Add lines 1 through 3	2		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A O All other program-related investments See instructions Total. Add lines 1 through 3			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A O All other program-related investments See instructions Total. Add lines 1 through 3			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O All other program-related investments See instructions Total. Add lines 1 through 3	3		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O All other program-related investments See instructions Total. Add lines 1 through 3			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O All other program-related investments See instructions Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O All other program-related investments See instructions Total. Add lines 1 through 3	4		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O All other program-related investments See instructions Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount O All other program-related investments See instructions Total. Add lines 1 through 3			
1 N/A 2			
All other program-related investments See instructions Total. Add lines 1 through 3		1 and 2.	Amount
All other program-related investments. See instructions Total. Add lines 1 through 3	1 <u>N/A</u>		
All other program-related investments. See instructions Total. Add lines 1 through 3			
All other program-related investments. See instructions Total. Add lines 1 through 3			0.
Total. Add lines 1 through 3 Dotal. Add lines 1 through 3	2		
Total. Add lines 1 through 3 Dotal. Add lines 1 through 3			
Total. Add lines 1 through 3 Dotal. Add lines 1 through 3			
Total. Add lines 1 through 3 ▶ 0	All other program-related investments. See instructions		
	3		
			
	Total. Add lines 1 through 3	>	0.

Part X Minimum Investment Return (All domestic foundations must complete this	part. Foreign four	ndations,	see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
a Average monthly fair market value of securities		1a	2,358,976.
b Average of monthly cash balances		1b	2,358,976. 569,587.
c Fair market value of all other assets		10	····
d Total (add lines 1a, b, and c)		1d	2,928,563.
e Reduction claimed for blockage or other factors reported on lines 1a and			
1c (attach detailed explanation)	0.		
2 Acquisition indebtedness applicable to line 1 assets	-	2	0.
3 Subtract line 2 from line 1d		3	2,928,563.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	43,928. 2,884,635.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	2,884,635.
6 Minimum investment return. Enter 5% of line 5		6	144,232.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper foreign organizations check here and do not complete this part)	ating foundations an	d certain	
1 Minimum investment return from Part X, line 6		1	144,232.
2a Tax on investment income for 2009 from Part VI, line 5	1,292.		
b Income tax for 2009 (This does not include the tax from Part VI)			
c Add lines 2a and 2b		2c	1,292.
3 Distributable amount before adjustments Subtract line 2c from line 1		3	$\frac{1,292}{142,940}$
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	142,940.
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	į	7	142,940.
Part 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	102,535.
b Program-related investments - total from Part IX-B		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3 Amounts set aside for specific charitable projects that satisfy the			
a Suitability test (prior IRS approval required)		3a	
b Cash distribution test (attach the required schedule)	ľ	3b	
Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	Ī	4	102,535.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	į		
income Enter 1% of Part I, line 27b	ľ	5	1,292.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	İ	6	1,292. 101,243.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	ther the foundation o	ualifies for	the section
4940(e) reduction of tax in those years	·	•	

Form **990-PF** (2009)

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,	· · · · · · · · · · · · · · · · · · ·	 		<u> </u>
line 7					142,940.
2 Undistributed income, if any, as of the	ne end of 2009				, , , , , , , , , , , , , , , , , , , ,
a Enter amount for 2008 only				0.	
b Total for prior years					7 (7-11)
			0.		
3 Excess distributions carryover,					
a From 2004	32,007.				
b From 2005	51,274.				
c From 2006					
d From 2007					
e From 2008					
f Total of lines 3a through e	ļ	83,281.			
4 Qualifying distributions for 200					
	102,535.	1			
a Applied to 2008, but not more				0.	
b Applied to undistributed incom	· · · · · · · · · · · · · · · · · · ·		•		
years (Election required - see in			0.		
c Treated as distributions out of					
(Election required - see instruct		0.			100 505
d Applied to 2009 distributable as					102,535.
e Remaining amount distributed		0.	· , , ,		40 405
5 Excess distributions carryover applie (if an amount appears in column (d), must be shown in column (a))		40,405.	•••••••••••••••••••••••••••••••••••••••		40,405.
6 Enter the net total of each coluindicated below:	ımn as				
2 Corpus Add lines 3f, 4c, and 4e Sul	btract line 5	42,876.			
b Prior years' undistributed incor	me Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior years undistributed income for which deficiency has been issued, or the section 4942(a) tax has bee assessed	a notice of on which		0.		
d Subtract line 6c from line 6b Ta	axable				
amount - see instructions			0.		
e Undistributed income for 2008	Subtract line				
4a from line 2a Taxable amoun	nt - see instr			0.	
f Undistributed income for 2009		***************************************			
lines 4d and 5 from line 1 This	amount must				
be distributed in 2010	<u> </u>				0.
7 Amounts treated as distribution					
corpus to satisfy requirements					
section 170(b)(1)(F) or 4942(g		0.			······
8 Excess distributions carryover	from 2004				
not applied on line 5 or line 7		0.			
9 Excess distributions carryover		12 076			
Subtract lines 7 and 8 from line	; Oa	42,876.			······································
10 Analysis of line 9 a Excess from 2005	42,876.				
b Excess from 2006	12,070.	,			
c Excess from 2007					
d Excess from 2008			į		
e Excess from 2009		1			
TANGOO HOIII EUUO					

Part XIV Private Operating		structions and Part VI	I-A. question 9)	N/A	
4 - 1411 4 1 1 1 1 1			, .,,		
1 a If the foundation has received a ruling	•				
 foundation, and the ruling is effective 	•	•	. ▶	·	
b Check box to indicate whether the for		ng foundation described		4942(j)(3) or 49	942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1)	Prior 3 years	441.000	.
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	1	,			
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 activitie	s				
Subtract line 2d from line 2c 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 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 In	formation (Comple	ete this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during	the year-see the	instructions.)			
Information Regarding Founda a List any managers of the foundation year (but only if they have contribute NONE	who have contributed more d more than \$5,000) (See s	section 507(d)(2))			•
b List any managers of the foundation other entity) of which the foundation			(or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contrib Check here X if the foundation the foundation makes gifts, grants, et	n only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ omplete items 2a, b, c, and	ests for funds If
a The name, address, and telephone no	umber of the person to who	m applications should be	addressed		
b The form in which applications shoul	d be submitted and informa	tion and materials they s	hould include		
c Any submission deadlines					
d Any restrictions or limitations on awa	ards, such as by geographic	al areas, charitable fields	kinds of institutions, or	other factors	

. .

Part 744 Supplementary information				<u></u>
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
• Recipient	show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
	or substantial contributor	recipient		<u> </u>
a Paid during the year				
				Ì
				<u> </u>
SEE STATEMENT 10				
Total			▶ 3a	102,535.
b Approved for future payment				
NONE				
		!		
Total		<u> </u>	▶ 3h	0.
intal			▶ 3h	ı U.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated t	ousiness income		d by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a					
b					
C	-				
d					
e				-	
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments		_			
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	141,055.	
5 Net rental income or (loss) from real estate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 1 - 1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					1,659.
8 Gain or (loss) from sales of assets other					·
than inventory			14	1,161.	-107,097.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					_
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)).	142,216.	-105,438.
13 Total. Add line 12, columns (b), (d), and (e)				13	36,778.
(See worksheet in line 13 instructions to verify calculations.))				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.									
lacktriangle	the foundation	's exemp	t purposes (other than	by providin	g funds for such pur	poses)			
4	INTEREST	AND	DIVIDENDS	FROM	ORDINARY	AND	ROUTINE	INVESTMENTS	
8	INTEREST	AND	DIVIDENDS	FROM	ORDINARY	AND	ROUTINE	INVESTMENTS	
					.				
_									
						_			
			•						
							-		
							-		

1 - Did the organization directly or indirectly engage in any of the following with any other organization of seconds of section 501(c) of the Code (other than section 501(d) engagements or in section 527 (all particular organization of the code (other than section 501(d) engagements organization of the section 501(d) organization of the section 501(d) engagement organization of the section 501(d) organization of the section 501(d) engagement organization of the section 501(d) engagement organization of the section 501(d) engagement organization (e.g. performance of services or membership of fundament and section 501(d) and the section 501(d) and the section 501(d) and the section 501(d) and the section 501(d) and the section 501(d) and the section 501(d) organization engagement organization (e.g. performance of services or the section of the section 501(d) organization (e.g. performance of services or the section 501(d) organization engagement organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance of services organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization organization (e.g. performance) organization (e.g. performance) organization (e.g. performance) organization (e.g. perform		Exempt Organizations						
a Transfer from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Breat of foundations, equipment, or other assets (4) Reminusment arrangements (5) Losns or of roan guarantees (6) Performance of a review or which prepared is set to any of the above is "Yes," complete the following schedule Column (p) should always show the fair market value or the goods, other assets, or services incented (3) Long or of long pural metals assets, or post employees 4 of the answer to any of the above is "Yes," complete the following schedule Column (p) should always show the fair market value or the goods, other assets, or services incented (3) Line or or or sharing arrangement, show in column (a) the value of the goods, other assets, or services incented (3) Line or or or or or or or or or or or or or	1	- Did the organization directly or indirectly engage in any of the following	ng with any other organization	on described in section	on 501(c) of		Yes	No
(2) Other sasets (2) Other sasets (3) Sists of a seats to a noncharitable exempt organization (1) Sists of a seats from a noncharitable exempt organization (2) Purchase of a seats from a noncharitable exempt organization (3) Rental of Sections, equipment, or other assets (4) Rental or Sections or a seat of seats from a noncharitable exempt organization (3) Rental of Sections, equipment, or other assets (4) Rental or Sections or Itagia (5) Loans or Isan guarantees (6) Performance of services or membership or fundrationing solicitations (6) Performance of services or membership or fundrationing solicitations (6) Performance of services or membership or fundrations, if the following schedule Column (a) should always show the fair market value of the goods, other assets, or services secreted (6) Amount anyotive of the spoot, other assets, or services secreted (9) Amount anyotive of the goods, other assets, or services secreted (10) Amount anyotive of the goods, other assets, or services secreted (10) Amount anyotive of the goods, other assets, or services secreted (10) Amount anyotive of the goods, other assets, or services secreted (10) Amount anyotive of the goods, other assets, or services secreted (10) Amount anyotive of the goods, other assets, or services secreted in section 501(c) of the Good (other than section 501(c)(3)) or in section 527? 11 In Yes, complete the following schedule (2) In In Yes, complete the following schedule (3) In Institute of the goods, other assets, or services secreted (10) Amount anyotive of transferm, transaction or sharing arrangements, and transferm, transaction, and any arrangements of transferm, transaction or relationship 10) In Yes, complete the following schedule (1) In Yes, complete the following schedule (2) In Yes, complete the following schedule (3) In Yes, complete the following schedule (4) In Yes, complete the following schedule (4) In Yes, complete the following schedule (5) In Yes, complete the following schedule (6) In Yes, complete the following schedule (7)		the Code (other than section 501(c)(3) organizations) or in section 53	27, relating to political organ	izations?				
(2) Purchases of assets from a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Sentat of facilities, equipment, or other assets (4) Rembursement arrangements (5) Lons or other assets (5) Lons or other assets (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Exemplify the strength organization of the assets, or pad employees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or services greated and the assets of pad employees (1) Lons or the asset of assets of pad employees (1) Long or the color of the color of the goods, other assets, or services received (1) Long or the color of the col	а	Transfers from the reporting foundation to a noncharitable exempt or	ganization of.					
Comparison of the content of the c		(1) Cash				1a(1)		X
(2) Purchases of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment of other assets (4) Rental of facilities, equipment of other assets (5) Loans or flora guarantees (5) Loans or flora guarantees (6) Performance of servoes or membership or fundrasing solicitations (6) Performance of servoes or membership or fundrasing solicitations (7) Loans or flora guarantees (8) Rental of flora guarantees (9) Loans or flora guarantees (10) L		(2) Other assets						X
(2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Example of facilities, equipment, mailing lists, other assets, or paid employees (8) It the answer to any of the above is "Yes, complete the following schedule Column (9) should always show the fair market value of the goods, other assets, or services received (9) It was on services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received (9) Amount involved (10) Amount inv	b	Other transactions						
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (7) Loans or loan quarantees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Loans or loan quarantees (1) Loans or loan quarantees (1) Loans or loan quarantees (1) Loans or loan quarantees (1) Loans or loan quarantees (1) Loans or loan quarantees (1) Loans or loan quarantees (1) Loans or loans or		(1) Sales of assets to a nonchantable exempt organization				16(1)	1 1	X
(4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or services given by the reporting fundation. If the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting fundation. If the fundation excived less than fair market value in any transaction or shaning arrangement, show in column (d) the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, and assets, the services generally the goods of t		(2) Purchases of assets from a noncharitable exempt organization				1b(2)		X
(S) Loans or loan guarantees (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (C) Sharing of facilities, equipment, making lists, other assets, or paid employees (B) He answer to any of the above is Yes, complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services received (B) Line no (B) Amount involved (C) Name of noncharitable exempt organization (D) Description of transfers, transactions, and sharing arrangement, show in column (g) the value of the goods, other assets, or services received (B) Line no (B) Amount involved (C) Name of noncharitable exempt organization (D) Description of transfers, transactions, and sharing arrangements in section 501 (c) of the Code (other than section 501 (c)) of the Code (other than section		(3) Rental of facilities, equipment, or other assets				1b(3)		X
(8) Performance of services or membership or fundrating solicitations 11(6) X 12 X 12 X 13 X 14 The answer to any of the above is "yes", complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services received served significant or sharing arrangement, show in column (d) the value of the goods, other assets, or services received 13 Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trainless, value and the goods, other assets, or services received 13 Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trainless, value and the goods, other assets, or services received 14 Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of trainless, value and paragraments 15 A Description of relationship arrangements 16 A Description of relationship arrangements (e) Description of relationship (e) The Code (other than section 501(c)(3)) or in section 527? 17 A Description of relationship (e) Description (e) Description (e) Description of relationship (e) Desc		(4) Reimbursement arrangements				1b(4)		X
to Stannag of facilities, equipment, making lats, other assets, or paid employees all the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services give they the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line for (b) Amount involved (c) Name of nonchartable exempt organization N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Amount involved (c) Description of relationship (c) Description of relationship N/A Under perplaces of female, in deglare 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 processing in deglare 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 processing in deglare to the processing of female exceptions of the processing in the second of the proce		(5) Loans or loan guarantees				1b(5)		X
to the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) The value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b. If Yes, "complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A United perspises of perspire, I cognise 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 processes on shore or processes of power organization in the program has any knowledge. United perspises of perspire to specify the program 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 processes of power organization is processed in the program is processed. Description of relationship in the program is processed in the program is sensitive to my knowledge and belief, it is true, correct, and complete program is processed.		(6) Performance of services or membership or fundraising solicitation	ons			15(6)		X
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and complete Declaration of preparer (others than tax paver or fiduciary) is based on all information of which preparer has any knowledge 7-27- D PRESIDENT								
and complete Declaration of preparer (others than tax paver or fiduciary) is based on all information of which preparer has any knowledge 7-27- D PRESIDENT								
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and complete Declaration of preparer (other than tax paver or fiduciary) is based on all information of which preparer has any knowledge 7-27-10 PRESIDENT								
Signature of officer or trustee, The continue of the contin					my knowledge and belief, i	t is true, correc	⇒t,	
Signature of officer or trustee, Preparer's signature Preparer's Date Date Date Check if self-employed Preparer's identifying number		and complete Declaration of preparer (other than taxpaver or fiduciary) is based on		has any knowledge				
Signature of officer or trustee, Preparer's signature Preparer's Date Date Date Check if self-employed Preparer's identifying number	1		17-27-10	▶ PRESID	ENT			
Firm's name (or yours it sett-employed), address, and ZIP code FORT MYERS, FL 33907 WILTSHIRE WHITLEY RICHARDSON ENGLISH PA 5249 SUMMERLIN COMMONS BLVD, SUITE 100 Phone no (239)334-9191	e e	Signature of officer or trustee						
Firm's name (or yours it sett-employed), address, and ZIP code FORT MYERS, FL 33907 WILTSHIRE WHITLEY RICHARDSON ENGLISH PA 5249 SUMMERLIN COMMONS BLVD, SUITE 100 Phone no (239)334-9191	ξŀ	Proporario A				parer's identify	ing numi	ber
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address, and ZIP code FORT MYERS, FL 33907 Phone no (239) 334-9191	~ <u>}</u>	Firm's name (or yours WILTSHIRE WHITLE & R	ICHARDSON EN					
address, and ZIP code FORT MYERS, FL 33907 Phone no (239) 334-9191	ا	if self-employed), 5249 SUMMERLIN COMM			-			
		address, and ZIP code FORT MYERS, FL 33			Phone no (23	9)334-	-919	91
					,			

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	f the organization		Employer identification number
	T	HE LOFTIS FOUNDATION, INC.	58-2110528
Organiz	ation type (check o	one):	
Filers of	•	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		X 501(c)(3) taxable private foundation	
General X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special	Rules		
	509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the ii) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	aggregate contribi	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri utions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
	contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agone ed, 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 it e, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. ly religious, charitable, etc.,
	-	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E	

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)

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Page	T	of	1	of Part I

lame of organization	
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Employer identification number

THE	LOFTIS	FOUNDATION.	TNC

58-2110528

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRISTIAN FINANCIAL RESOURCES 124 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714	\$\$.	Person X Payroli 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
<u> </u>		\$	Person Payroll Oncash Occash (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 Payroli 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.)

2009 DEPRECIATION AND AMORTIZATION REPORT

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

16

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	JRITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
INTEREST ORDINARY DIVIDENDS			88,812. 53,404.		0. 1,161.	88,8 52,2	
TOTAL TO FM 990-PF, PART I, I	N 4 =		142,216.		1,161.	141,0	55.
FORM 990-PF	ОТ	HER I	NCOME			STATEMENT	2
DESCRIPTION		;	(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
MISCELLANEOUS INCOME			1,6	559.	1,659.	•	
TOTAL TO FORM 990-PF, PART I,	LINE	11	1,6	559.	1,659.	•	
FORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
DESCRIPTION ACCOUNTING FEES	EXPEN PER B	SES	NET INVE		ADJUSTED NET INCOME	CHARITA	
	EXPEN PER B	SES OOKS	MENT INC	COME	ADJUSTED NET INCOME	CHARITA	ES_
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	EXPEN PER B	,200.	MENT INC	100.	ADJUSTED NET INCOME	CHARITA	0.
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	EXPEN PER B	,200. ,200. ROFES	MENT INC	100. 100. 100. EES	ADJUSTED NET INCOME	CHARITA E PURPOS STATEMENT (D) CHARITA	0. 0. 4
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	EXPEN PER B	,200. ,200. ROFES	NET INVENTE INCOMENT	100. 100. 100. EES	ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	CHARITA E PURPOS STATEMENT (D) CHARITA	0. 0. 4
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION INVESTMENT FEES- NORTHERN	EXPEN PER B OTHER P (A EXPEN PER B	,200. ,200. ,200. ROFES:	NET INVENTED INCOMENT	TOME 100. 100. EES COME	ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	CHARITA E PURPOS STATEMENT (D) CHARITA	O. BLF

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON		
TAXES FOREIGN TAXES	1,805. 1,072.			0.	
TO FORM 990-PF, PG 1, LN 18	2,877.	1,072.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON		
MAINTENANCE & REPAIR OFFICE EXPENSES BANK CHARGES RTB EXPENSES UTILITIES RETREAT CENTER	1,064. 735. 75. 500. 369. 473.	0. 0. 0. 0.		0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	3,216.	0.		0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
EQUITIES			1,609,974.	1,621,204.	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		1,609,974.	1,621,204.	

FORM 990-PF CO	RPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BONDS		1,114,356.	1,122,827.
TOTAL TO FORM 990-PF, PART II, LIN	E 10C	1,114,356.	1,122,827.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DOUBLEWIDE DOUBLEWIDE- IMPROVEMENTS DOUBLEWIDE- CAPITALZIED COSTS LAND BUCKET TRUCK	50,000. 9,184. 8,760. 350,000. 4,763.	5,075. 2,117. 811. 0. 1,847.	44,925. 7,067. 7,949. 350,000. 2,916.
UTILITY BED JOHN DEERE 757 25HP DOUBLEWIDE- FLOORING IMPROVEMENTS PRINTER DELL COMPUTER	800. 7,500. 1,979. 236. 938.	310. 2,908. 1,025. 124. 492.	490. 4,592. 954. 112. 446.
TOTAL TO FM 990-PF, PART II, LN 14		14,709.	419,451.

FORM 990-PF

STATEMENT 10

. PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		TNUOMA
WILD HORSE MINISTRIES 460 APPLEBY ROAD TROUT, LA 71371	NONE EXEMPT PURPOSE	501(C)(3)	200.
CHRISTIAN CONTENDER MINISTRIES 6540 GLORYVILLE ROAD FREEDOM, IN 47431		501(C)(3)	11,335.
CHRISTIAN RELIEF FUND 2061 MCGREGOR BLVD FORT MYERS, FL 33901	NONE EXEMPT PURPOSE	501(C)(3)	6,000.
GATEWAY CHURCH OF CHRIST P O BOX 547 FAIRLAND, FL 33902		501(C)(3)	6,000.
KENTUCKY CHRISTIAN UNIVERSITY P O BOX 5978 PASADENA, CA 91111		501(C)(3)	30,000.
REASONS TO BELIEVE 731 E. ARROW HWY GLENDORA , CA 91740	NONE EXEMPT PURPOSE	501(C)(3)	40,000.
THE CROSSING 6090 EAST SMITH ROAD DENVER, CO 80216	NONE EXEMPT PURPOSE	501(C)(3)	5,000.
FIRST CHOICE PREGNANCY CLINIC 2104 DEL PRADO BLVD S UNIT 3 CAPE CORAL , FL 33990	NONE EXEMPT PURPOSE	501(C)(3)	1,000.

GRANTS AND CONTRIBUTIONS

THE LOFTIS FOUNDATION, INC.	58-2110528
IMPACT MINISTRIES INTERNATIONAL NONE 3516 S BROAD PLACE SW EXEMPT PURPOSE HUNTSVILLE , AL 35805	501(C)(3) 3,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	102,535.

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-PF (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less fine 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14		LOFTIS FOUNDATION,		_				PF PAGE			58-2110528
2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0- 5 Design implain for its year Subtract line 4 hominar. If zero or less, enter 0- 6 (sh Description of property) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentiture decluction. Enter the smaller of line 5 or line 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentiture decluction. Enter the smaller of line 5 or line 8 9 Total elected cost of section 179 property. Add amounts line column (c), lines 6 and 7 9 Tentiture decluction. Enter the smaller of line 5 or line 8 9 Total elected cost of section 179 property. Add amounts line column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Suscension 179 expenses deduction. Add lines 9 and 10, lest pline 12 12 Section 179 expenses deduction. Add lines 9 and 10, lest pline 12 13 Carryover of disallowed deduction for 2010. Add lines 9 and 10, lest pline 12 14 Special Depreciation allowance and Other Depreciation (Do not include listed property). 15 Section 179 expenses deduction. Add lines 9 and 10, lest pline 12 15 Veget 18 Special Depreciation allowance and Other Depreciation (Do not include listed property). 16 Special Depreciation allowance and Other Depreciation (Do not include listed property). 16 Special Depreciation (Do not include listed property) (See instructions.) 17 Forporty subject to section 168(f)(1) electron 18 Other depreciation (Do not include listed property). 19 Section 8 10 Section 9 11 Assets Placed in Service During 2009 Tax Year Using the General Depreciation (Do not include listed property). 19 System property 10 System property 11 Section 9 11 System property 12 System property 13 System property 14 System property 15 System prope	Par	Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	u have any lis	ted pr	roperty,	complete Part	V be	fore y	
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4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter C	2 T	otal cost of section 179 property place	d in service (see	instructions))					2	
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23 For assets shown above and placed in service during the current year, enter the					•					_==-	
portion of the basis attributable to section 263A costs							23				

Form 4562 (2009) THE LOFTIS FOUNDATION, 58-2110528 Page 2 INC. Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes (b) (c) (e) (f) (g) (h) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) deduction other basis period Convention service use percentage use ontv) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use S/L· % % S/L-% S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(6	1)	(1	b)	(4	c)	(4	d)	(6	∍)	(1	f)
30	Total business/investment miles driven during the	Veh	ıcle	Veh	ııcle	Veh	ıcle	Veh	ıcle	Veh	icle	Vet	ııcle
	year (do not include commuting miles)												
31	Total commuting miles driven during the year					L							-
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year.]							
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more							ŀ					
	than 5% owner or related person?												
36	ls another vehicle available for personal								1				
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?	-	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins during	ng your 2009 tax year:				
		.,			
3 Amortization of costs that began before	e your 2009 tax year		··-	43	
14 Total. Add amounts in column (f). See	the instructions for whe	re to report		44	

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•			
	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	£\	► X
•	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this I mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi		
Part I	<u> </u>		
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	
Part I only	·		. ▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar me tax returns.	n exter	nsion of time
noted belo (not auton you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroninatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits	ically if	f (1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	loyer identification number
print		_	0.0110500
File by the	THE LOFTIS FOUNDATION, INC.	5	8-2110528
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 1682 INDIAN HILLS DRIVE		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOORE HAVEN, FL 33471		
Check typ	pe of return to be filed (file a separate application for each return):		
☐ Form	n 990 Form 990-T (corporation) Form 47	720	
Forr	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227	
Forr	n 990-EZ Form 990-T (trust other than above) Form 60	069	
X Form	n 990-PF	370	
	CAROL SHEARN oks are in the care of ▶ 1682 INDIAN HILLS DRIVE - MOORE HAVEN,	FL	33471
The bo			
Teleph	10621000 7024		▶ □
Teleph	one No. ► (863)902-7034 FAX No. ►		► □
Telephole If the o	one No. ► (863)902-7034 FAX No. ► ganization does not have an office or place of business in the United States, check this box	Is Is fo	
Telepho	one No. (863) 902-7034 FAX No. rganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is fo memb	ers the extension will cover.
Telephi If the o If this is box ▶ 1 I recurs for the first in the	rganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this for part of the group, check this box and attach a list with the names and EINs of all lightest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untauguest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untauguest 15, 2010 , to file the exempt organization return for the organization named a	is is fo memb	ers the extension will cover.
Telephi If the o If this is box If the o If this is box If the o	rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the lift is for part of the group, check this box and attach a list with the names and EINs of all light an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untanguest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untanguest 15, 2010 , to file the exempt organization return for the organization named as the organization's return for:	is is fo memb	ers the extension will cover.
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Telephi If the o If this is box 1 rec is fo 2 If this 3a If this	rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the lift is for part of the group, check this box and attach a list with the names and EINs of all injurest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization's return for: X	is is fo memb	The extension will cover. The extension Change in accounting period
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Telephi If the o If this is box ▶ 1 I recus for listing the li	rganization does not have an office or place of business in the United States, check this box of for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group. If this for part of the group and attach a list with the names and EINs of all group. If this for part of the group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group	is is fo memb	The extension Change in accounting period \$ 1,010
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Telephi If the o If this is box 1	rganization does not have an office or place of business in the United States, check this box of for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box and attach a list with the names and EINs of all If it is for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group, check this box If this for part of the group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group. If this for part of the group and attach a list with the names and EINs of all group. If this for part of the group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group and attach a list with the names and EINs of all group	is is fo memb	The extension Change in accounting period \$ 1,010

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

Account Number: Recipient's Tax ID number:

23-56521 XX-XXX0528 2nd TIN notice

Corrected

Recipient's Name and Address
LOFTIS FOUNDATION
4382 INDIAN HILLS DR. SW
MOORE HAVEN, FL 33471-8122

NORTHERN TRUST, NA P.O. BOX 803878 CHICAGO, IL 60680

2009 Proceeds from Broker and Barter Exchange Transactions

Sales are listed at Gross Proceeds less commissions and option premiums.

Númber								Federal Income
	٠٠,		Date	Date of	Stocks	Cost or	Net Gain	Tax
shares CU	CUSIP	Description	Acquired	Sale	Bonds, etc.	other Basis	or Loss	Withheld
Short Term Sales								
9.1300 665162541	5162541	MFB NORTHERN FDS GLOBAL REAL ESTATE INDEX FD	12/19/2008	12/19/2008 02/23/2009	34.88	48 31	-13.43	000
175.0000 G2552X108	552X108	#REORG/COVIDEN LTD PLAN OF REORG TO COVIDEN PLC SEC # 2052566 EFF 6/4/09	09/30/2008	06/01/2009	6,298.09	9,323.32	-3,025.23	0.00
200.0000 500255104	0255104	KOHLS CORP	06/01/2009	09/15/2009	10,854.98	8,812.90	2,042 08	00.0
50.0000 459200101	9200101	INTL BUSINESS MACHINES CORP	02/18/2009	11/04/2009	6,114.84	4,582.00	1,532.84	0.00
225.0000 237194105	7194105	DARDEN RESTAURANTS INC	09/15/2009	11/09/2009	7,369.98	7,862 60	-492.62	0.00
45.0000 023135106	3135106	AMAZON COM INC	08/25/2009	12/10/2009	5,961.00	3,838.29	2,122.71	00.0
Total Short Term Sales	Sales				36,633.77	34,467.42	2,166.35	0.00
Long Term 15% Sales 100.0000 941848103	ales 1848103	WATERS CORP	04/16/2007	02/12/2009	3.934.30	8 6 6 8	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	c
66000.0000 929903AD4	9903AD4	WACHOVIA CORP 3.625 DUE 02-17-2009 BEO	10/22/2004		00 000'99	66,075.52	-75 52	0.00
200.0000 17275R102	275R102	CISCO SYS INC	VARIOUS	02/18/2009	3,077.98	5,579,00	-2,501.02	00.0
100.0000 30231G102	231G102	EXXON MOBIL CORP	VARIOUS	02/18/2009	7,176.96	5,782.00	1,394.96	0.00
200.0000 58405U102	405U102	MEDCO HEALTH SOLUTIONS INC	07/18/2006	02/18/2009	9,185 95	5,792.00	3,393.95	0.00
150.0000 637071101	7071101	NATIONAL-OILWELL INC	06/21/2007 02/18/2009	02/18/2009	3,835,48	7,776.75	-3,941.27	0.00



Account Number: Recipient's Tax ID number:

23-56521 XX-XXX0528

2nd TIN notice

☐ Corrected

MOORE HAVEN, FL 33471-8122 4382 INDIAN HILLS DR. SW Recipient's Name and Address LOFTIS FOUNDATION

NORTHERN TRUST, NA P.O. BOX 803878 CHICAGO, IL 60680

Federal Income Tax Withheld	0.00	0.00	00.00	0.00	00:0	0.00	00.0	00 0	00 0	0.00	0.00	0000	0.00	00'0	00 Ó	00:0	00.00
Net Gain or Loss	1,663.96	-3,555.02	-874.06	-32,922.98	-19,087 73	-1,890,20	3,083.78	-4,857.22	-3,881.04	-5,277.77	-1,637.13	-1,289.30	34.86	-760 12	-1,523.92	-346.74	-3,877.72
Cost or other Basis	4,724.00	7,135.00	2,264.05	48,413.16	64,227.73	9,803 50	5,496.00	23,531.47	13,330.80	13,436.25	6,881.00	6,566.00	5,331,00	9,193.50	8,207.50	14,567.25	18,388 65
Stocks Bonds, etc.	96.387.96	3,579.98	1,389.99	15,490.18	45,140.00	7,913.30	8,579.78	18,674.25	9,449.76	8,158.48	5,243.87	5,276.70	5,365 86	8,433.38	6,683.58	14,220.51	14,510 93
Date of	05/20/2005 02/18/2009	06/21/2007_02/18/2009	11/2007 02/18/2009	02/23/2009	04/28/2009	29/2008 06/01/2009	5 06/01/2009	06/01/2009	06/01/2009	06/01/2009	8 06/01/2009	8 06/01/2009	06/14/200506/01/2009	08/25/2009	8 08/25/2009	09/05/2009	09/04/5009
Date	05/20/200	06/21/200	12/11/200	VARIOUS	0	05/53/500	05/20/2005	VARIOUS	VARIOUS	VARIOUS	05/29/2008	05/29/2008	06/14/200	VARIOUS	05/29/2008	VARIOUS	VARIOUS
Description	PRAXAIR INC.	ROCKWELL COLLINS INC	VERIZON COMMUNICATIONS	MFB NORTHERN FDS GLOBAL REAL ESTATE INDEX FD	CITIGROUP INC 5.625 SUB 08-27-2012 BEO	ABBOTT LABORATORIES	APACHE CORP	BECTON DICKINSON & CO	MICROSOFT CORP COM	MICROCHIP TECHNOLOGY INC	PEPSIÇO INC	PROCTER & GAMBLE CO	UNITED TECHNOLOGIES CORP	MCDONALDS CORP	PROCTER & GAMBLE CO	ACCENTURE PLC SHS CL A NEW	EXELON CORP
Number of shares	100.0000 74005P104	100.0000 774341101	50.0000 92343V104	4055.0200 665162541	61000.0000 172967BP5	175.0000 002824100	100.0000 037411105	275.0000 075887109	450,0000 594918104	375.0000 595017104	100.0000 713448108	100.0000 742718109	100.0000 913017109	150.0000 580135101	125.0000 742718109	425.0000 G1151C101	300 0000 30161N101
والمنطقة المناطقة المنطقة والمناطقة المناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة و					-							TED:	6490 £	ne 220	40 ~f 0	a	

This is important tax information and is being furnished to you.

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-4,641.69 2,813,81

7,369 62 15,050.98

2,727.93 17,864.79

05/31/2005 09/04/2009

GENERAL ELECTRIC CO MCDONALDS CORP

200,0000 369604103 325.0000 580135101

09/15/2009

VARIOUS

Account Number: Recipient's Tax ID number:

23-56521 XX-XXX0528 2nd TIN notice

Corrected

Recipient's Name and Address . .
LOFTIS FOUNDATION
4382 INDIAN HILLS DR. SW
MOORE HAVEN, FL 33471-8122

NORTHERN TRUST, NA P.O. BOX 803878 CHICAGO, IL 60680

38,706 88	38,706 88 117,423.55 3,809 57 11,722.25	38,706 88 117,423.55 3,809 57 11,722.25 12,583.20 6,556.00 8,008.76	38,706 88 117,423.55 3,809 57 11,722.25 12,583.20 6,556.00 8,008.76 13,805.81 6,881.00 8,752.00	38,706 88 117,423.55 3,809 57 11,722.25 12,583.20 6,556.00 8,008.76 13,805.81 6,881.00 8,752.00 10,636.00 3,872.66
1	118,323.15 4,497 38 9,532.25	118,323.15 4,497.38 9,532.25 10,331.74 5,467.86 3,890.35	118,323.15 4,497.38 9,532.25 10,331.74 5,467.86 3,890.35 12,412.43 6,118.84 12,281.96	4,497 38 9,532.25 10,331.74 5,467.86 3,890.35 12,412.43 6,118.84 12,281.96 10,397.31 4,029.80 3,824.42
	VARIOUS 10/16/2009 VARIOUS 10/22/2009 VARIOUS 10/22/2009	80.	8008	008 008 005
9. BOOBS	: : :	Ş		COM
ر اح	ALTRIA CHEVR	& POOI ALTRIA CHEVR EXXON ITT INE	ALTRIA ALTRIA CHEVR EXXON ITT INC JACOB JOHNS PEPSIC PHILIP	8 POOI 250.0000 02209S103 ALTRIA 125.0000 166764100 CHEVR 140.0000 30231G102 EXXON 100.0000 450911102 ITT IND 85 0000 469814107 JAÇOB 205.0000 778160104 JOHNS 100.0000 718172109 PHILIP 125.0000 74005P104 PRAXA 70.0000 826552101 SIGMA

This is important tax information and is being furnished to you.



Account Number: Recipient's Tax ID number:

23-56521 XX-XXX0528

AVEN, FL 33471-8122 4382 INDIAN HILLS DR. SW Recipient's Name and Address LOFTIS FOUNDATION

NORTHERN TRUST, NA P.O. BOX 803878 CHICAGO, IL 60680

Corrected 2nd TIN notice MOORE HA
2021

Number of shares CUSIP	Number Officers Cusiption Shares Sale Basis.	Date	Date of Sale	Stocks Bonds, etc.	Cost or	Net.Gain:	Federal Income Tax Withheld
215.0000 469814107 200.0000 806857108	JACOBS ENGR GROUP INC SCHLUMBERGER LTD ISIN #AN8068571086	VARIOUS	12/10/2009	7,428 06	18,144,84	-10,716,78 -6,546.46	00.0
360.0000 78463V107 Total Long Term 15% Sales	MFC SPDR GOLD TR GOLD SHS		12/31/2009	12.56 590,523.99	699,787.65	12.56 -109,263.66	0.00

This is important tax information and is being furnished to you.