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# 990-PF

Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

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

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

OMB No 1545-0052

2009

Amended return Address change Name change	inal return
	tion number
I so the IPS	tion number
Use the IRS   Name of foundation   A Employer identification	
label. MACLEOD STEWARDSHIP FOUNDATION, INC. 59	-2492096
Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (	see page 10 of the instructions)
or type. C/O N R ASHLEY 1044 CASTELLO DRIVE # 106 239	-261-7200
See Specific City or town, state, and ZIP code C If exemption applicate	on is pending, check here
Instructions. NAPLES FL 34103 D 1. Foreign organization	
	ons meeting the 85% test,
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and at	
Fair market value of all assets at end   J Accounting method:   Cash   X Accrual   Line in the latest contraction of the l	
of year (from Part II, col. (c), Other (specify) F If the foundation is in	
line 16) ▶\$ 2,152,972 (Part I, column (d) must be on cash basis ) under section 507(b)	
Part I Analysis of Revenue and Expenses (The total of an Revenue and (b) Net investment (c) Adjusted	(d) Disbursements net for charitable
amounts in columns (b), (c), and (d) may not necessarily equal expenses per the amounts in column (a) (see page 11 of the instructions) books (b) (Not investment (c) Adjusted income	purposes
	(cash basis only)
1 Contributions, grifts, grants, etc., received (attach schedule)	
Check I if the foundation is not required to attach Sch B	
3 Interest on savings and temporary cash investments 0 0 4 Dividends and interest from securities 42,130 42,130	
5 a Gross rents	
b Net rental income or (loss)	
6 a Net gain or (loss) from sale of assets not on line 10	
b Net rental income or (loss)  6 a Net gain or (loss) from sale of assets not on line 10  b Gross sales price for all assets on line 6a  769	
7 Capital gain net income (from Part IV, line 2)	
8 Net short-term capital gain	0
ncome modifications	
10 a Gross sales less returns and allowances 0	
b Less Cost of goods sold 0	
c Gross profit or (loss) (attach schedule)	
11 Other income (attach schedule) 0 0	0
12 Total. Add lines 1 through 11 42,899 42,899	0
(a) 13 Compensation of officers, directors, trustees, etc	***
13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits	
15 Pension plans, employee benefits 16 a Legal fees (attach schedule) 0 0	0 0
h Accounting fees (attach schedule)	0 0
C Other professional fees (attach schedule)	0 0
c Other professional fees (attach schedule)  17 Interest  18 Taxes (attach schedule) (see page 14 of the instructions)  19 Depreciation (attach schedule) and depletion  20 Occupancy  21 Travel, conferences and peeturgs  22 Printing and publications	
18 Taxes (attach schedule) (see page 14 of the instructions)	0 0
19 Depreciation (attach schedule) and depletion 0 0	0
5 20 Occupancy	
21 Travel, conferences and Feeturgs D	
22 Printing and publications	
23 Other expenses (attach schedule) 0 0  24 Total operating and administrative expenses.	0 0
24 Total operating and administrative expenses.  Add lines 13 through 23  25 Contributions, of a large paid 105,000  26 Total expenses and dispursements Add lines 24 and 25	0 0
Add lines 13 through 23 1,401 0 105,000 105,000	105,000
25 Contributions, girls grants had 105,000 105,000 106,401 0	0 105,000
27 Subtract line 26 from line 12	100,000
a Excess of revenue over expenses and disbursements -63,502	
b Net investment income (if negative, enter -0-) 42,899	
c Adjusted net income (if negative, enter -0-)	0

914

Page 2

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing .	(a) Book Value	(b) Book value	(c) i all Market Value
	2	Savings and temporary cash investments	610,581	313,070	313,070
	3	Accounts receivable	, 010,001	010,070	010,070
		Less allowance for doubtful accounts	0	0	
	4	Pledges receivable   0			<u>~</u>
	•	Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			<u>~</u>
	6	Receivables due from officers, directors, trustees, and other			·
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)		<u>*</u>	· <u> </u>
ts		Less allowance for doubtful accounts	0	0	0
Assets	8	Inventories for sale or use			
As	9	Prepaid expenses and deferred charges			
	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	t	Investments—corporate stock (attach schedule)	1,482,174	1,714,959	
	C	Investments—corporate bonds (attach schedule)	49,879	49,879	51,688
	11	Investments—land, buildings, and equipment basis		The second second second	
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	. 0	0	. 0
	14	Land, buildings, and equipment basis			
i		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe See Attached Statement )	2,420	2,749	2,749
	16	Total assets (to be completed by all filers—see the	0.445.054	0 000 057	0.450.070
	47	instructions Also, see page 1, item I)	2,145,054	2,080,657	2,152,972
	17	Accounts payable and accrued expenses			
S	18	Grants payable			- , -
Liabilities	19 20	Deferred revenue	0		
ğ	21	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Ë	22	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ► L/P NRA )	0	61	
	23	Total liabilities (add lines 17 through 22)	0	61	
		. $\Box$		<u> </u>	· .
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			*
nces	24	Unrestricted			
	25	Temporarily restricted			1
Ba	26	Permanently restricted			
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here		•	
٦		and complete lines 27 through 31.			
ř	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
set	29	Retained earnings, accumulated income, endowment, or other funds	2,145,054	2,080,596	
Ş	30	Total net assets or fund balances (see page 17 of the		·	i
at /		instructions)	2,145,054	2,080,596	1
ž	31	Total liabilities and net assets/fund balances (see page 17		-	
		of the instructions)	2,145,054	2,080,657	;
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
		of-year figure reported on prior year's return)		1_1_	2,145,054
		amount from Part I, line 27a		2	-63,502
				3	0
_		ines 1, 2, and 3		4	2,081,552
5		eases not included in line 2 (itemize) FEDERAL INCOME TAX		5	956
6	6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,08				2,080,596

(a) List and describe the	kind(s) of property sold (e.g., real estate, or common stock, 200 shs MLC Co	le,	(b) How acquired P—Purchase D—Donation	(c) Date ad (mo , day		(d) Date sold (mo , day, yr )
1a TYCO SETTLEMENT			Р	1	/1/2008	4/29/2009
b			<u> </u>			
C			<del></del>		+	
<u>d</u>	<u> </u>					<del></del>
<u>e</u>	<del></del>	4.3.01				- #+>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain o (e) plus (f) n	
a 769	0		0			769
<b>b</b> 0	0		0			(
c 0	0		0			
d 0	0		0			(
e 0		by the foundati				
Complete only for assets show	ing gain in column (h) and owned					n) gain minus ess than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any	COI	Losses (fron	
a 0	0		0		-	769
<b>a</b> 0	0		0			(
<b>c</b> 0	o		0			(
<b>d</b> 0	0		0			(
<b>e</b> 0	0		0			(
2 Capital gain net income or (		so enter in Pa enter -0- in Pa		2		76
•	line 8, column (c) (see pages					
Part V Qualification Und		descent Toxe		<u> </u>		•
Was the foundation liable for th	ot qualify under section 4940(e	e). Do not cor	nplete this part			
	ount in each column for each y	ear; see pag	e 18 of the instruc	tions before	e making	<del></del>
(a) Base period years	(b)		(c)		Distrit	(d) oution ratio
Calendar year (or tax year beginning in	Adjusted qualifying distribution	s Net value	of noncharitable-use a	ssets		ided by col (c))
2008		,220	2,161			0 05237
2007		,555	2,476			0 05150
2006		,900	2,387			0 05481
2005		,267	2,452			0 05271
2004	131	,000	2,519	9,091	<u></u>	0 05200
2 Total of line 1, column (d) 3 Average distribution ratio for	er the Europe base period division	Ido tho total a		. 2	ļ	0 26341
	undation has been in existence				<del> </del>	0 05268
4 Enter the net value of nonc	haritable-use assets for 2009	from Part X, I	ine 5	. 4	<del>                                     </del>	
5 Multiply line 4 by line 3 .		٠		. 5	<del> </del>	
6 Enter 1% of net investment	income (1% of Part I, line 27th	o)			<del> </del>	
7 Add lines 5 and 6				7	<del>                                     </del>	·
8 Enter qualifying distribution	s from Part XII, line 4			8_		
If line 8 is equal to or greate the Part VI instructions on p	er than line 7, check the box in page 18	n Part VI, line	1b, and complete	that part u	sing a 1%	tax rate See

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ige 1	18 of the	inst	ructi	ons)
1 8	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐		,			1
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	٠,				I
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			858	
	here ▶ ☐ and enter 1% of Part I, line 27b					1
•	CAll other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					l
	of Part I, line 12, col (b)				i	
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_	ļ		858	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			050	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_5_			858	
6	Credits/Payments					
	a 2009 estimated tax payments and 2008 overpayment credited to 2009  6a 1,464  D Exempt foreign organizations—tax withheld at source					
	c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  6c  6d					
7 `	Total credits and payments Add lines 6a through 6d	7		<u>.</u> 1	464	1
8	Enter any penalty for underpayment of estimated tax. Check here	8		<u>'</u>	0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			606	
11		11			0	
92	rt VII-A Statements Regarding Activities		L			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
1	participate or intervene in any political campaign?			1a		X
1	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			- 14		<del>  ^-</del>
•	instructions for definition)?		;	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					- 1
	published or distributed by the foundation in connection with the activities					
,	c Did the foundation file Form 1120-POL for this year?			1c	• 1	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 ▶ \$					<b>.</b>
4	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers   \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					-
3						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	11/1	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			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				;	٠
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>					
	that conflict with the state law remain in the governing instrument?			6	X.	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd P	art XV	7	$\frac{\hat{x}}{x}$	<del>                                     </del>
	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	,,,,,,	urt X V			
J	instructions) D. F.I.					
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Х	[
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					l
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)	?			- !	1
	If "Yes," complete Part XIV			9	Х	<u> </u>
10						
	their names and addresses			10		Х

Par	t 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 page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Χ
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of ► R A MACLEOD Telephone no ►			
	Located at ≥ 24600 SO TAMIAMI TRAIL STE # 212 BOX 181 BONITA SPRINGS FL U ZIP+4 ≥ 34134			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	• 🖂
	and enter the amount of tax-exempt interest received or accrued during the year		_	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			;
	a disqualified person?			
				{
	(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			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period	-,		
	after termination of government service, if terminating within 90 days)			~ 1
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	4 6	 NI/A	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here .	1b	N/A	,
		٠, `٠		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	-	X
_		<u>  [</u>		^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			'
_				, ,
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?  Yes X No		٠,٠	. !
		, , <sub>e</sub>		
<b>h</b>	If "Yes," list the years 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		* <del>(</del> *),	•
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		_	
	to all years listed, answer "No" and attach statement—see page 20 of the instructions )	2b	N/A	-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1477	
U	► 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1		
- u	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation	_		
~	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009)	3b	N/A	· ·
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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 reopardy before the first day of the tax year beginning in 2009?	4b		X

Form	990-PF (2009) MACLEOD STEWARDSHIP F	OUNDATION, INC	·		59-2492096	Page 6
Pa	rt VII-B Statements Regarding Activitie	es for Which Forn	1 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any	amount to			_	
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (	section 4945(e))?	Yes X	No	
	(2) Influence the outcome of any specific public		955), or to carry		_	'
	on, directly or indirectly, any voter registration	n drive?		Yes X	No	
	(3) Provide a grant to an individual for travel, stu	dy, or other similar pur	poses?	Yes X	No	
	(4) Provide a grant to an organization other than	a charitable, etc., orga	inization described			
	in section 509(a)(1), (2), or (3), or section 494	40(d)(2)? (see page 22	of the instructions)	Yes X	No	'
	(5) Provide for any purpose other than religious,		•		_	
	educational purposes, or for the prevention o	f cruelty to children or	anımals?	· Yes X	No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	ransactions fail to qual	ify under the exception	ons described in		_ !
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see page 22	of the instructions)?	5b	N/A
	Organizations relying on a current notice regarding			▶ _	J	,
С	If the answer is "Yes" to question 5a(4), does the fo	oundation claim exemp	tion from the		,	
	tax because it maintained expenditure responsibilit			L Yes X	No	
	If "Yes," attach the statement required by Regulation	ons section 53 4945–5	(d)		1	1
6a	Did the foundation, during the year, receive any fur	nds, directly or indirectly	y, to pay		_	
_	premiums on a personal benefit contract?				No	- '
b	Did the foundation, during the year, pay premiums,	directly or indirectly, o	n a personal benefit	contract?	6b	X
_	If "Yes" to 6b, file Form 8870			- m. r	a	<b>!</b>
	At any time during the tax year, was the foundation				No	<del>  </del>
	If yes, did the foundation receive any proceeds or h				7b	<u> </u>
P	art VIII Information About Officers,	Directors, I ruste	es, Foundation	Managers, Highly Pai	id Employ	ees,
	and Contractors  List all officers, directors, trustees, founds	-tion	d their commons	tion (one name 22 of the	inate esting	
1	List all officers, directors, trustees, found	auon managers and	a uneir compensa	tion (see page 22 of the	mstruction	15).
_				<del>/                                    </del>		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account, lowances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account,
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other at	se account, lowances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other at	se account, llowances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account, llowances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account, lowances
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account, lowances
See	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position  00  00  00	(c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account, llowances  0  0  0
See	(a) Name and address  e Attached Statement	(b) Title, and average hours per week devoted to position  00  00  00	(c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se account, llowances  0  0  0
See	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  one included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit	(e) Expenother al	ons).
See	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit	(e) Expenother al	se account, llowances  0  0  0
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit	(e) Expenother al	ons).
See	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).
	(a) Name and address  e Attached Statement  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  00  00  00  vees (other than the bours per week hours per week hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	(e) Expenother al	ons).

Form **990-PF** (2009)

Form 990-PF (2009)			59-2492096	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Pai	d Employees	,
	and Contractors (continued)			
3 Five highes	t-paid independent contractors for professional services (see p	age 23 of the instructions). If none, enter	∍r "NONE."	
	ame and address of each person paid more than \$50,000	(b) Type of service	(c) Compens	ation
NONE				
			ļ	0
			1	_
				0
	•			0
				0
				0
				0
Total number o	f others receiving over \$50,000 for professional services .		▶	
Dort IV A	Summer of Direct Charitable Activities			
Part IX-A	Summary of Direct Charitable Activities			
	s four largest direct charitable activities during the tax year. Include relevant sta		Expenses	
	inizations and other beneficiaries served, conferences convened, research paper	ers produced, etc		
1 NONE				
2				
3				
4				
			ĺ	
			<u> </u>	
	ummary of Program-Related Investments (see page 2		-	
	rgest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount	<del></del>
1 NONE				
	•••••			
2	7,125		-	<del></del>
All other program-re	elated investments. See page 24 of the instructions	- V-11		
3				
				0
Total. Add lines	: 1 through 3	<b>▶</b>	1	0

Form **990-PF** (2009)

income Enter 1% of Part I, line 27b (see page 26 of the instructions)

qualifies for the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4

6

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1a Average monthly fair market value of securities 1.541.852 Average of monthly cash balances 1b 462.496 Fair market value of all other assets (see page 24 of the instructions) 1c 1d 2,004,348 d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 3 2,004,348 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25 of the instructions) 30.065 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 1.974,283 Minimum investment return. Enter 5% of line 5 98,714 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here  $\blacktriangleright \Box$  and do not complete this part.) 98,714 Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5 2a 858 2b Income tax for 2009 (This does not include the tax from Part VI) þ 2 2c 858 C Add lines 2a and 2b 3 97,856 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 97,856 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 97,856 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 105,000 1b Program-related investments—total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 purposes Amounts set aside for specific charitable projects that satisfy the Ľ За Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 105,000 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

105,000

Part		EWARDSHIP FOUNDA			<u> </u>	2492096 Page <b>9</b>
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 fro	om Part XI,	Corpus	Years prior to 2008	2008	2009
2	Undistributed income, if any, as	of the end of 2009				97,856
a	Enter amount for 2008 only				0	ı
b	Total for prior years 20,	20 . 20		0	<u></u>	
3	Excess distributions carryover, if			·		
а	From 2004 .	7,864				1
b	From 2005	7,913				ı
С	From 2006	12,897				1
d	From 2007	5,115				,
е	From 2008	6,086				ı
f	Total of lines 3a through e		39,875		·	
4	Qualifying distributions for 2009	from Part				
	XII, line 4 • \$	105,000				•
	Applied to 2008, but not more th	_			0	
b	Applied to undistributed income	· · ·				
	(Election required—see page 26	·		0		
С	Treated as distributions out of co					
	required—see page 26 of the ins	·	0			07.070
	Applied to 2009 distributable am	<u> </u>	7444		<del></del>	97,856
	Remaining amount distributed o	· —	7,144			
5	Excess distributions carryover a	··	0			0
	(If an amount appears in column same amount must be shown in					
6	Enter the net total of each colindicated below:					 
	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	47,019			,
	Prior years' undistributed income		47,018			
	line 4b from line 2b	e Subtract		0		,
c	Enter the amount of prior years'	undistributed ·				
	income for which a notice of def					1
	been issued, or on which the se	· ·				1
	tax has been previously assesse		İ			1
d	Subtract line 6c from line 6b Ta		-			
	amount-see page 27 of the ins	structions		0		
е	Undistributed income for 2008	Subtract line				
	4a from line 2a Taxable amoun	t-see page 27 of the				ı
	instructions				0	
f	Undistributed income for 2009	Subtract				
	lines 4d and 5 from line 1. This	amount must				
	be distributed in 2010	_		,	*	0
7	Amounts treated as distributions	s out of				1
	corpus to satisfy requirements in	mposed by				!
	section 170(b)(1)(F) or 4942(g)(	3) (see page 27 of				
_	the instructions)	_				
8	Excess distributions carryover fr		Ì			
	not applied on line 5 or line 7 (se	ee page 27 of the				
•	instructions)	<b> </b>	7,864			
9	Excess distributions carryove		00.455		:	1
40	Subtract lines 7 and 8 from line	ба	39,155	<del></del>		'
10	Analysis of line 9	7.040				1
a	Excess from 2005	7,913				·
D	Excess from 2006	12,897				,
بر د	Excess from 2007 Excess from 2008	5,115 6,086				1
d e	Excess from 2009	7.144				1

NONE

_	WACLEOD STEVVARDSHIP	· ·			39-2492	090 Fage 10
Par	t XIV Private Operating Foundations (s	see page 27 of th	e instructions ar	nd Part VII-A, qu	estion 9)	
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2009, ent			<b>&gt;</b>		
	Check box to indicate whether the foundation is a	private operating fou	ndation described in	section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(a) Tatal
	investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed .	0	47,809	67,968	66,706	182,483
b	85% of line 2a	0	40,638	57,773	56,700	155,111
С	Qualifying distributions from Part XII, line 4 for each year listed	105,000	113,220	127,555	130,900	476,675
d	Amounts included in line 2c not used directly					
_	for active conduct of exempt activities			-		0
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	105,000	113,220	127,555	130,900	476,675
3 a	Complete 3a, b, or c for the alternative test relied upon  "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	65,809	72,060	82,549	79,600	300,018
С	"Support" alternative test—enter	00,000		02,010	. 5,555	000,0.0
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co				000 or more in	
	assets at any time during the ye		8 of the instruct	tions.)		
1 a	Information Regarding Foundation Manage List any managers of the foundation who have conbefore the close of any tax year (but only if they have	ntributed more than 2			the foundation	
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran	nt, Gift, Loan, Sch	nolarship, etc., Pr	rograms:		· · · · · · · · · · · · · · · · · · ·
	Check here If the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, air	s contributions to pre akes gifts, grants, et	selected charitable of	organizations and do		ons
a	The name, address, and telephone number of the		olications should be	addressed		
RO	DERICK A MACLEOD 24600 S TAMIAMI TR	STE 212, BOX 18	1 BONITA SPRIN	IGS FL 34134		
	The form in which applications should be submitted					
WF	RITTEN - LETTER FORM - DATA PERTINENT	TO REQUEST				
С	Any submission deadlines					
NO	NE					
	Any restrictions or limitations on awards, such as factors	by geographical area	as, charitable fields,	kinds of institutions,	or other	

59-2492096

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approved fo	r Future Pa	yment	
· Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year PORTSMOUTH CHRISTIAN ACADEMY 20 SEABORNE DRIVE DOVER NH 03820	NONE		FAMILIES IN CRISIS FUND	10,000
FIDELITY CHARITABLE GIFT FUND P O BOX 770001 CINCINNATI OH 45277	NONE		GENERAL CONTRIBUTION	95,000
Total			<b>▶</b> 3a	105,000
b Approved for future payment				
Total			▶ 3b	,

Part XVI-A	Analysis (	of Income-	-Producina	Activities
------------	------------	------------	------------	------------

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e)		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)	
_		0		0	0	
		0		0		
··· - ··· · · · · · · · · · · · · · · ·		0		0		
•	·	0		0	0	
d	·	0		0	0	
f		0		0	0	
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		42,130				
5 Net rental income or (loss) from real estate						
a Debt-financed property .						
b Not debt-financed property				12 L L		
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory		769	·····	0		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a		0		0	0	
b		0		0	0	
С		0		0	0	
d		0		0	0	
е		0		0	0	
12 Subtotal Add columns (b), (d), and (e)	W 15 - 1	42,899	2 2 4	0	0	
13 Total. Add line 12, columns (b), (d), and (e)				13	42,899	
(See worksheet in line 13 instructions on page 28 to verify calc	ulations)					
Part XVI-B Relationship of Activities to the Ac						
Line No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions )						
					······	
			·		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>					
				· ,		
T .				· .		
				-1		

# Form 990-PF (2009) MACLEOD STEWARDSHIP FOUNDATION, INC 59-2492096 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

	ın secti	organization directly of on 501(c) of the Code zations?								res	No
а	Transfe	ers from the reporting f	oundation to	a noncharitable ex	cempt organiza	ation of:			1 2	-	٠.
	(1) Ca	· -							1a(1)	- 1	X
	(2) Otl	her assets							1a(2)		Х
b	Other t	ransactions									
	(1) Sa	les of assets to a nonc	haritable exe	mpt organization	•				1b(1)		X
	(2) Pu	rchases of assets from	a noncharita	ible exempt organ	ızation				1b(2)		X
	(3) Re	ntal of facilities, equipr	ment, or other	r assets				•	1b(3)		X
	(4) Re	imbursement arrangen	nents		•		•		1b(4)		X
	(5) Lo	ans or loan guarantees	<b>.</b>		•				1b(5)		X
	(6) Pe	rformance of services	or membersh	ip or fundraising s	olicitations				1b(6)		X
С	Sharing	g of facilities, equipmei	nt, mailing list	ts, other assets, o	r paid employe	es			1c		_X_
d	value o	nswer to any of the about the goods, other asson any transaction or sh	ets, or service	es given by the rej	porting foundar	tion. If th	ne foundation red	eived less the	an fair n	narket	t d
(a)	Line no	(b) Amount involved	(c) Name o	of noncharitable exempt	organization	(d) Des	cription of transfers, t	ransactions, and	sharing ar	rangem	ents
		0			·····	<del>                                     </del>					
		0			·-·	-					
		0		<del> </del>					····		
		0				<del>                                     </del>					
		0									
		0									
-		0					<del></del>				
		0		<del></del>							
		0									
		0									
		0	<del></del>								
		0									
		0									
		0									
		0									
	describ	foundation directly or in ped in section 501(c) o ," complete the followin	f the Code (o	ated with, or relate ther than section (	d to, one or me 501(c)(3)) or in	ore tax-e section	exempt organizat 527?	ions	Yes X	] No	
		(a) Name of organization		(b) Type	of organization		(c) Desc	cription of relation	ship		
											<del></del>
							<del></del>				
			··-					<del></del>			
	Unde belie	er penalties of perjury, I declar f, it is true, correct, and compl	re that I have example the Declaration of	mined this return, includ of preparer (other than t	ling accompanying axpayer or fiducian	schedules y) is based	and statements, and on all information of	to the best of my which preparer ha	knowledg	e and wledge	•
5.6	Sig	nature of officer or trustee			Da	ate	Titl	e			
Sign Here	Paid Preparer's Use Only	Preparer's	Kex	ashly	Date / /	10	Check if self-employed ▶	Preparer's number (s page 30 o	ee Signat f the instru	ure on	
	P. S. V	Firm's name (or yours if	N REX AS	SHLEY PA				EIN ▶ 59-2			
	_	self-employed), address, and ZIP code		STELLO DR 6TE 1	06 NAPLES	FI 3410	13	Phone no (2			
		and En Wae	.5 1-1 5/10				<del>-</del>	(2			

# Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Ξ.		69/	0				Depreciation										
Net Gain	0 - 102			Expense of Sale and	Cost of		$\rightarrow$										
Other	Sasuadx	0	0			Valuation	-	COST									
Cost, Other	Dasis and Expenses					Cost or	Other Basis	0									
Gross	Sales	769	0			Gross Sales	Price	692									
						Date		4/29/2009									
Totals	,	Securities	Other sales			Acquisition	Method	۵									
						Date	Acquired	1/1/2008									
				Check "X" if	Purchaser	IS a	Business										
							Purchaser										
	Amount						CUSIP #										
	L	Long Term CG Distributions	Short Term CG Distributions				Description	TYCO SETTLEMENT									
					Check "X"	if Sale of	Index Security	×	2	3	*	2	9	7	8	6	10

Line 16b (990-PF) - Accounting Fees

						١
		1,340	0	0		0
		Revenue and		i	Disbursements for Charitable	
	Name of Organization or Person Providing Service	Expenses per Books	Net Investment Income	Adjusted Net Income	Purposes (Cash Basis Only)	
-	N REX ASHLEY CPA	1,340				
7						
က						
4						1
2						- 1
9						- 1
7						- [
æ						I
6						ı
10						

# Line 18 (990-PF) - Taxes

Revenue Revenue Disbursements and Expenses Net Investment Adjusted for Charitable per Books Income Net Income Purposes  IFEE - FL 61			61	0	0	0
per Books Income Net Income 61			Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
	Description		per Books	Income	Net Income	Purposes
	Real estate tax not included in line 20	line 20				
	Tax on investment income					
	Income tax					
	ANNUAL CORPORATE FILING FEE - FL	FEE - FL	61			

# Part II, Line 10b (990-PF) - Investments - Corporate Stock

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

	Interest Maturity	Rate	PER FIDELITY SCHEDULE								
49,879	ı	Beg of Year End	49,879								_
49,879		d of Year	49,879								
41,500	FMV	Beg of Year	41,500								
51,688	Ē	End of Year	51,688								

# Part II, Line 15 (990-PF) - Other Assets

		2,420	2,749	9 2,749
		Beginning	Ending	Fair Market
	Description	Balance		Value
-		2,420		1,464
7	ACCRUED INCOME	0	1,285	1,285
3				
4				
2				
9				
7				
8				
6				
10				

Part II, Line 22 (990-PF) - Other Liabilities

		0	
		Beginning	Ending
	Description	Balance	Balance
~	L/P NRA	0	61
7			
က			
4			
2			
9			
7			
æ			
6			
10			

MACLEOD STEWARDSHIP FOUNDATION. INC Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		69	÷	<u>ج</u>	7	269	0	0	ল	0	0	0	0	ল	0
		7	Gains Minus Excess •	Excess of FMV   of FMV Over Adjusted	Basis or Losses	7									
		0		Excess of FMV	Over Adj Basis	0	0	0	0	0	0	0	0	0	0
		0	Adjusted Basis	as of	12/31/69										
		0	>₩	as of	12/31/69										
		769		Gain or	Loss	769	0	0	0	0	0	0	0	O	0
		0	Cost or Other	Basis Plus	Expense of Sale	0	0	0	0	0	0	0	0	0	0
		0			Allowed	0	0	0	0	0	0	0	0	0	0
		169	Gross	Sales	Price	692	0	0	0	0	0	0	0	0	0
		Totals		Date	Sold	4/29/2009									
				Date	Acquired Acquired	1/1/2008									
1	0	0		How	Acquired	Ь									
Amount					CUSIP #										
•	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	I TYCO SETTLEMENT									0
						L	Ľ		L	Ţ.,	_			5,	Ē

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"					Foreign		Average
	Name	if Business	Street	City	State	State   Zip Code	Country	Title	Hours
-	RODERICK A MACLEOD		603 FIFTH AVE SO - # 207	NAPLES	FL	34102		PRESIDENT	5
2	JOHN A MACLEOD II		55 OAKWOOD DRIVE	PORTSMOUTH	HN	03801		VICE PRES	-
က	MURIEL D MACLEOD		1929 PRINCESS COURT	NAPLES	FL	34110		VICE PRES	-
4	CYNTHIA M QUINN		2252 IMPERIAL GOLF COURSE BLINAPLES	NAPLES	F	34110		VICE PRES	-
2	CHARLES KELLY		2390N TAMIAMI TRAIL # 204	NAPLES	FL	34103		SECRETARY	-
9	N REX ASHLEY		1044 CASTELLO DRIVE # 106	NAPLES	교	34103		ASST TREAS	-
7		-							
8									
6									
10									

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# 2009 Investment Report

January 1, 2009 - December 31, 2009

Holdings (Symbol) se of 12/31	% of Holdings	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
Stocks						
INGERSOLL-RAND PLC SHS	2%	\$210.00	1,500.000	\$35.740	unknown	\$53,610.00
ISIN #BMG4776G1015 SEDOL #B633030	RI)					
•						
AT&T INC COM (T)	2%	1,917.16	1,169.000	28.030	\$29,775.000	32,767.07
ABBOTT LABORATORIES (ABT)	3%	1,560.00	1,000.000	53.990	unknown	53,990.00
AMERICAN EXPRESS CO (AXP)	3%	1,080.00	1,500,000	40.520	50,632.38c	60,780.00
AMERIPRISE FINL INC COM (AMP)	1%	204.00	300.000	38.820	7,213.37c	11,646.00
AMGEN INC (AMGN)	1%	0.00	500.000	56.570	32,305.00c	28,285.00
ANALOG DEVICES INC (ADI)	1%	00.00	750.000	31.580	31,725.000	23,685.00
AUTOMATIC DATA PROCESSING INC (ADP					•	
	1%	00.009	200,000	42.820	17,677.710	21,410.00
BROADRIDGE FINANCIAL SOLUTIONS	<b>%</b> 0	43.75	125.000	22.560	1,892.29c	2,820.00
LLC (BR)						
CISCO SYS INC (CSCO)	3%	0.00	2,500.000	23.940	34,966.97c	59,850.00
CITADEL BROADCASTING CORP (CTDB)	%0	0.00	115.000	0.016	435.38c	1.84
CITIGROUP INC (C)	%0	15.00	1,500.000	3.310	45,180.45c	4,965.00
COMCAST CORP NEW CL A SPL (CMCSK)	1%	397.50	1,500.000	16.010	30,470.00c	24,015.00
DISNEY WALT CO DEL (HOLDING						
COMPANY) (DIS)	2%	525.00	1,500.000	32,250	31,814.620	48,375.00
EMCCORP MASS (EMC)	2%	0.00	3,000.000	17.470	63,136.97c	52,410.00
EXXON MOBIL CORP (XOM)	%9	3,320.00	2,000.000	68.190	74,501.40c	136,380.00
FEDEX CORP (FDX)	5%	220.00	200.000	83.450	35,625.00c	41,725.00
GENERAL ELECTRIC CO (GE)	%	1,640.00	2,000.000	15.130	57,798.23c	30,260.00
GOLDMAN SACHS GROUP INC (GS)	2%	455.00	300.000	168.840	27,338.70c	50,652.00
HOME DEPOT INC (HD)	2%	1,350.00	1,500.000	28.930	51,407.59c	43,395.00
INTEL CORP (INTC)	2%	1,400.00	2,500.000	20.400	63,548.00c	51,000.00
INTL BUSINESS MACH (IBM)	4%	1,290.00	000.009	130.900	51,498.600	78,540.00
ISHARES BARCLAYS 1-3 YEAR TREASURY						
BD FD (SHY)	10%	4,991.24	2,500.000	82.960	unknown	207,400.00
JPMORGAN CHASE & CO (JPM)	2%	530.00	1,000.000	41.670	39,400.00c	41,670.00
(LNL) NORMHOL & NORMHOL	%	1 447 50	750 000	64 410	25 540 052	40 007 ED

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# 2009 Investment Report

January 1, 2009 - December 31, 2009

FIGERITY ACCOUNT 243-983500	1	MACEROD OF EWARDON'S FOUNDATION				
Holdings (Symbol) as of 12/31	Aoidings	Income Earned	Quantity	Price per Unit	Total Cost Basis	Total Value
MERCK & CO INC NEW COM	2%	0.00	1,000.000	36.540	unknown	36,540.00
N/C FROM 589331107 #REOR						
M0050606430001 (MRK)						
MICROSOFT CORP (MSFT)	3%	1,040.00	2,000.000	30.480	unknown	60,960.00
PFIZER INC (PFE)	1%	1,200.00	1,500.000	18.190	unknown	27,285.00
PROCTER & GAMBLE CO (PG)	3%	1,720.00	1,000.000	60.630	unknown	60,630.00
S & P 500 DEPOSITORY RECEIPT (SPY)	16%	4,763.85	3,000.000	111.440	232,928.00	334,320.00
TEXAS INSTRUMENTS INC (TXN)	2%	00.006	2,000.000	26.060	unknown	52,120.00
WINDSTREAM CORP COM (WIN)	%0	516.00	516.000	10.990	4,530.47c	5,670,84
Bonds						1785,465,25
GOODYEAR TIRE & RUBR CO NT	2%	3,928.50	50,000.000	103.375	49,879.00 <i>B</i> c	51,687.50
						21,487,50
MOODIS BZ S&P B+ SEMIANNUALLY						
MAKE WHOLE CALL CUSIP: 382550AH4						
Core Account	-					
CASH	15%	375.32	314,409.770	1.000	not applicable	314,409.77
For balances between \$200,000.00 and \$499,999.99, the current interest rate is 0.07%.	\$499,999.99, the current	interest rate is 0.07%.				314409,77
Total Market Value as of December 31, 2009	, 2009					\$2,151,562.52
Total income earned on positions no longer held	ger held	2,060.00				
2009 Income Earned		\$ 40.359.82				

All positions held in cash account unless indicated otherwise.

B - See Cost Basis information and Endnotes for important information about the adjusted cost basis information provided.

c - Cost basis information (or proceeds from short sales) has been provided by you and has not been adjusted except as otherwise indicated. When positions are transferred between accounts, in certain cases, cost basis information may be automatically transferred and deemed to be customer-provided.

# Form **8868**

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

(HTA)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 or	this f	orm).	
Do not o	complete Part II unless you have already been granted an automatic 3-month extension on a previous Automatic 3-Month Extension of Time. Only submit original (no copies needed).	ly file	Form 8	8868.
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension—check this box and			.▶□
All other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque le income tax returns.			n of
Electron of the re electroni returns,	tic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the follow (6 months for a corporation required to file Form 990-T). However, you cannot file Focally if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6060 or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed per form of this form, visit www.irs.gov/efile and click on e-file for Ch	rm 88 9, or 8 age 2	68 870, gro (Part II)	up of
Type or	Name of Exempt Organization Employer i		cation n	ımber
print	MACLEOD STEWARDSHIP FOUNDATION, INC. 59-2492096  Number, street, and room or suite no. If a P.O. box, see instructions.	<u> </u>		
File by the due date for	C/O N R ASHLEY 1044 CASTELLO DRIVE , Room No. # 106			
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions	NAPLESFL	34	103	
Check t	/pe of return to be filed (file a separate application for each return):			
For	n 990 Form 990-T (corporation)		Form	4720
=	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form	
=	n 990-EZ Form 990-T (trust other than above)	F	Form	
==		늗	•	-
(X) ron	n 990-PF Form 1041-A	L.,	Form	8870
Telep If the If this is for the list with	hone No. ► RA MACLEOD 24600 SO. TAMIAMI TRAIL STE # 212 , BOX 181 BONITA  hone No. ► FAX No. ► (239) 261-4085  organization 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)  whole group, check this box ► I . If it is for part of the group, check this box  he names and EINs of all members the extension will cover.  equest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	· ·	-	
ur is	til 8/15/2010 , to file the exempt organization return for the organization named ab for the organization's return for:  X calendar year 2009 or		he exte	nsion
	tax year beginning , and ending			
2 If	this tax year is for less than 12 months, check reason: Initial return Final return Chan	ge in :	accounti	ng period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, as any nonrefundable credits. See instructions.	3a	\$	1,464
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
	yments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,464
_	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			<del></del>
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
	stem). See instructions.	<u>3c</u>	\$	0
	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	orm 88	79-EO	
	ent instructions.	F	8869	Pov. 4 2000)

Form **8868** (Rev 4-2009)