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

2009

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

For calendar year **2009**, or tax year beginning _____, **2009**, and ending _____, **20**

G Check all that apply. Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

| | | |
|--|--|---|
| Use the IRS label. Otherwise, print or type. See Specific Instructions. | Name of foundation ANNA FERTIC FOUNDATION, INC | A Employer identification number 59 309 6507 |
| | Number and street (or P O box number if mail is not delivered to street address) Room/suite PO Box 62 1171 | B Telephone number (see page 10 of the instructions) 407 349 0078 |
| | City or town, state, and ZIP code OVIEDO, FL 32762 1171 | C If exemption application is pending, check here <input type="checkbox"/> |

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ _____

J Accounting method: Cash Accrual
 Other (specify) _____
 (Part I, column (d) must be on cash basis)

D 1. Foreign organizations, check here
 2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received (attach schedule) | 0 | | | |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| 3 Interest on savings and temporary cash investments | 4076.24 | 4076.24 | 0 | |
| 4 Dividends and interest from securities | 95759.24 | 95759.24 | 0 | |
| 5a Gross rents | 0 | 0 | 0 | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 0 | | | |
| b Gross sales price for all assets on line 6a NA | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | (718.29) | 0 | |
| 8 Net short-term capital gain | | | 0 | |
| 9 Income modifications | | | | |
| 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | |
| c Gross profit or (loss) (attach schedule) | | | | |
| 11 Other income (attach schedule) | | | 0 | |
| 12 Total: Add lines 1 through 11 | 99835.48 | 99117.19 | 0 | |
| 13 Compensation of officers, directors, trustees, etc. | 0 | 0 | 0 | 0 |
| 14 Other employee salaries and wages | | | 0 | 0 |
| 15 Pension plans, employee benefits | | | 0 | 0 |
| 16a Legal fees (attach schedule) | | | 0 | 0 |
| b Accounting fees (attach schedule) | 9450- | 9450- | 9450- | 0 |
| c Other professional fees (attach schedule) | 12250- | 12250- | 12250- | 0 |
| 17 Interest | 25882.72 | 25882.72 | 25882.72 | 0 |
| 18 Taxes (attach schedule) (see page 14 of the instructions) | 13518.19 | 13518.19 | 13518.19 | 0 |
| 19 Depreciation (attach schedule) and depletion | | | | 0 |
| 20 Occupancy | | | | 0 |
| 21 Travel, conferences, and meetings | | | | 0 |
| 22 Printing and publications Santa Herald | 9.54 | 9.54 | 9.54 | 0 |
| 23 Other expenses (attach schedule) | 10988.46 | 10988.46 | 10988.46 | 0 |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 72098.91 | 72098.91 | 72098.91 | |
| 25 Contributions, gifts, grants paid SEMINOLE VALENCIA | 7177.11 | | | 7177.11 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 79276.02 | 72,098.91 | 72,098.91 | 7177.11 |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | 20539.46 | | | |
| b Net investment income (if negative, enter -0-) | | 27018.28 | | |
| c Adjusted net income (if negative, enter -0-) | | | 72099.11 | |

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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | | Beginning of year | End of year | |
|-----------------------------|---|--|----------------|-----------------------|-------------|------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| Assets | 1 | Cash—non-interest-bearing | | 451,552.48 | 392,319.47 | 392,319.47 |
| | 2 | Savings and temporary cash investments | | | | |
| | 3 | Accounts receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) | | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 8 | Inventories for sale or use | | | | |
| | 9 | Prepaid expenses and deferred charges <i>tx deed apps</i> | 2,619.60 | 689.88 | 689.88 | |
| | 10a | Investments—U.S. and state government obligations (attach schedule) | | | | |
| | b | Investments—corporate stock (attach schedule) | | 72,900.35 | 145,738.29 | |
| | c | Investments—corporate bonds (attach schedule) | | | | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ <i>10,557.25</i> | | | | |
| | Less: accumulated depreciation (attach schedule) ▶ | 0 | 10,557.25 | 3,000 - | | |
| 12 | Investments—mortgage loans <i>6 tx st</i> | 14,117.26 | 12,658.82 | 12,000 - | | |
| 13 | Investments—other (attach schedule) <i>tx deed apps</i> | 25,374.99 | 11,540.58 | 12,500 - | | |
| 14 | Land, buildings, and equipment: basis ▶ <i>994,527.75</i> | | | | | |
| | Less: accumulated depreciation (attach schedule) ▶ <i>0</i> | 994,527.75 | 1,054,527.75 | 550,000 - | | |
| 15 | Other assets (describe ▶) | | | | | |
| 16 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item f) | 1,511,764.08 | 1,665,296.10 | 1,234,949.64 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | |
| | 18 | Grants payable | 6,977.11 | 20,129.57 | | |
| | 19 | Deferred revenue | | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | 370,000 - | 370,000 - | | |
| | 22 | Other liabilities (describe ▶) | 14,468.81 | 9,748.55 | | |
| | 23 | Total liabilities (add lines 17 through 22) | 391,445.92 | 487,612.12 | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/> | | | | | |
| | 24 | Unrestricted | 0 | 0 | | |
| | 25 | Temporarily restricted | 0 | 0 | | |
| | 26 | Permanently restricted | 0 | 0 | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/> | | | | | |
| | 27 | Capital stock, trust principal, or current funds | 3,004.26 | 3,004.26 | | |
| | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 483,769.55 | 483,769.55 | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 606,502.37 | 663,868.16 | | |
| 30 | Total net assets or fund balances (see page 17 of the instructions) | 1,120,318.18 | 1,177,683.97 | | | |
| 31 | Total liabilities and net assets/fund balances (see page 17 of the instructions) | 1,511,764.10 | 1,665,296.09 | | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|---------------------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,120,318.16 |
| 2 | Enter amount from Part I, line 27a | 2 | 19,841.07 |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | 3,7524.62 |
| 4 | Add lines 1, 2, and 3 | 4 | 1,177,683.96 |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 0 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 1,177,683.96 |

Part IV Capital Gains and Losses for Tax on Investment Income

Table with columns for (a) List and describe the kind(s) of property sold, (b) How acquired, (c) Date acquired, (d) Date sold, (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis, (h) Gain or (loss), (i) FMV as of 12/31/69, (j) Adjusted basis, (k) Excess of cost, (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)). Includes handwritten entries for 'Tx Certificate Columbia 022051' and a net capital loss of 719.29.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? [] Yes [X] No

Table with columns for (a) Base period years, (b) Adjusted qualifying distributions, (c) Net value of noncharitable-use assets, (d) Distribution ratio. Includes lines 2 through 8 for calculations and a handwritten 'NA' in column (b).

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes sub-sections 1a through 11. Handwritten entries include '554 73' for line 1, '8512 33' for 6a, and '7957 60' for 10. Total amount owed is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions 1a through 10. Handwritten 'Yes' or 'No' responses are provided for each item, such as 'Yes' for 1a, 1b, 1c, 2, 3, 4a, 4b, 5, 6, 7, 8b, 9, and 10.

Part 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 | | Y |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | Y |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>3654 N CR 426 GENEVA FL 32732 NONE</u> | 13 | | |
| 14 | The books are in care of ▶ <u>INTEGRATED FIN. SVS. INT INC</u> Telephone no. ▶ <u>407 329 0078</u> Located at ▶ <u>3654 N CR 426 GENEVA FL 32732</u> ZIP+4 ▶ <u>32732</u> | | | |
| 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 ▶ <u>15</u> <u>0</u> | | | |

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations 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 ▶ <input type="checkbox"/> | 1b | NA |
| c 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 | ✓ |
| 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)). | | |
| a 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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 | Y |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 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 | Y |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | Y |
| 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? | 4b | Y |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

| (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) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| DR. SHIRLEY R. PICKFORD P O BOX 621171 OVIEDO FL 32762 | 1/2 | - 0 - | 0 | 0 |
| JOHN J. ASENDORF P O BOX 621171 OVIEDO FL 32762 | 1/4 | - 0 - | 0 | 0 |
| CLAY D. COSSABOOM P O BOX 621171 OVIEDO FL 32762 1171 | 1/4 hr | - 0 - | 0 | 0 |

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

| (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 | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| N A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

| | | |
|---|---------------------------------------|----------|
| 1 | SCHOLARSHIPS TO 501C3 PUBLIC ENTITIES | 500 EST. |
| 2 | | |
| 3 | | |
| 4 | | |

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

| | | |
|---|---|--|
| 1 | NA | |
| 2 | | |
| 3 | All other program-related investments See page 24 of the instructions | |

Total. Add lines 1 through 3 500 -

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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 | 12144.86 |
| b | Average of monthly cash balances | 1b | 32693.29 |
| c | Fair market value of all other assets (see page 24 of the instructions) | 1c | 842630.17 |
| d | Total (add lines 1a, b, and c) | 1d | 887468.32 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | - |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 467482.55 |
| 3 | Subtract line 2 from line 1d | 3 | 419985.77 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) | 4 | 6299.71 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 413685.98 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 20684.30 |

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|----|--|----|----------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 20684.30 |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | 2a | 554.73 |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 554.73 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 20129.57 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 20129.57 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | 0 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 20129.57 |

Part XII Qualifying Distributions (see page 25 of the 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 | |
| b | Program-related investments—total from Part IX-B | 1b | |
| 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) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 20129.57 |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0 | |
| b Total for prior years: 20__20__20__ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2009: | | | | |
| a From 2004 | | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 | | | | |
| f Total of lines 3a through e | 0 | | | |
| 4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 0 | | | | |
| a Applied to 2008, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) | | 0 | | |
| c Treated as distributions out of corpus (Election required—see page 26 of the instructions) | 0 | | | |
| d Applied to 2009 distributable amount | | | | 0 |
| e Remaining amount distributed out of corpus | 0 | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0 | | | 0 |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0 | | |
| d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions | | 0 | | |
| e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions | | | 0 | |
| f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 | | | | 19929.57 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) | 0 | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 0 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| c Excess from 2007 | | | | |
| d Excess from 2008 | | | | |
| e Excess from 2009 | | | | |

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Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|------------|
| Name and address (home or business) | | | | |
| a Paid during the year SEMINOLE COMMUNITY COLL SANFORD FL | NA | 501C3 | SCHOLARSHIPS | 6977.11 |
| VALENCIA COMMUNITY COLL ORLANDO FL | NA | 501C3 | SCHOLARSHIPS | 200 - |
| Total | | | | 3a |
| b Approved for future payment SEMINOLE COMMUNITY COLLEGE SANFORD FL | | | | \$19929.57 |
| Total | | | | 3b |

Schedule for Taxes 2009 990PF page 1 line 18
Anna Fertic Foundation, Inc. 59 309 6507
2009

| irs excise tax | | cr. To 09 taxes | 12039.39 |
|--------------------------|-------|-----------------|----------------|
| Real estate taxes | | | |
| neisman,putnam | | | 367 34 |
| 119 elks rd. | | pomona | 393 55 |
| 102 e kansas | | florahome | 311 23 |
| 309 s olive | | | 1010.28 |
| 23 Railroad | | | 96 11 |
| 1386 sr 20 | | Interlachen | 1100 17 c |
| 121 liberty ave | | interlachen | 398 07 c |
| 150 2nd Street | TCW | Interlachen | 402 81 |
| 308 Imperial | TCW | | 91 64 |
| 207 Royal Way | TCW | | 382 2 |
| sr20 | | | 280.06 |
| 210 Hoot Owl | TCW | Satsuma | 739.77 |
| Plantation Cir | TCW | | 1277 59 |
| 157 Wallace | TCW | | 250 03 |
| 1011 Beech St | TCW | | 65.08 |
| Buck Lake | lot 1 | | 1693.28 |
| | lot 3 | | 1957 44 |
| | lot 4 | | 1897.37 |
| 1811 Strickland | TCW | Seminole | 188.19 |
| rs taxes | | | 554 73 |
| State fees | | | 61 25 |
| Total taxes | | | 13518 19 |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|---|--|
| Type or print File by the extended due date for filing the return See instructions | Name of Exempt Organization ANNA FERTIC FOUNDATION INC | Employer identification number 59 309 6527 |
| | Number, street, and room or suite no. If a P O box, see instructions PO Box 62 1171 | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions OWIEDO FL 32762 1171 | |

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Integrational Financial Services Intl Inc**
 Telephone No. **(407) 349-6675** FAX No. **(407) 349-6675**
- If the organization does not have an office or place of business in the United States, check this box **Not**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. **Not**

- I request an additional 3-month extension of time until **NOV**, 20**10**.
- For calendar year **2009** or other tax year beginning _____, 20____, and ending _____ 20____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **spcimen not available to complete return plus am waiting for response from IRS re balance in tax account**

| | |
|--|-------------------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ 700 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ _____ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ 0 |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Shirley A Pickford** Title **President** Date **Oct 25, 2010**
 Signature **Shirley A Pickford** Title **President** Date **Aug 1, 2010**