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SCANNED JUL 07 2010.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-0047

A F	or th	ie 2009 cale	ndar year, or tax year beginning		, 2009, and 6	maing			, 20	
B c		ppicable Please	C Name of organization EVELYN	F BARTLETT S	SUPPORT TRU	IST FBO	D Employ	er identificat	ion number	
	Addre		Doing Business As					080876		
	Name	e change print of	Number and street (or P O box if mail is	not delivered to street	address)	Room/suite	E Telepho	ne number		
	tnitial	type I return See	NORTHERN TRUST, NA, 2	AS TRUSTEE			312	630-60	00	
	Term	Specific Instruc	City or town, state or country, and ZIP +							
	Amer	nded tions DO ROY 803878 - CHICAG II, 60680 G Gross receipts \$ 1,487,580								
		F Name and address of principal officer: NORTHERN TRUST NA H(a) is this a group return for affiliates? Yes X								
	penu	٠ ۱	100 E. LAS OLAS, FORT				1	es <i>r</i> Laffiliates inclui	ded? Yes No	
_	Tax-ex	kempt status	X 501(c) (3) ◀ (insert no)	4947(a)(1) or	527		If "No,	* attach a list (see instructions)	
J		ite: NA	A solvery 5 / 4 missioner	40 11(0)(1) 01			H(c) Group	exemption num	nber 🕨	
K		of organization	Corporation X Trust Associa	ation Other	L,	Year of forma		<u></u>	flegal domicile. FL	
Pa	rt I	Summar		Januar P			10 155	4		
										
	1	TO CLIDE	be the organization's mission or most s ORT THE BONNET HOUSE II	SIGNITICANT ACTIVITIES	רודי רעגעדי	ים זם גי	DELICIO	NIIG		
9	ŀ									
Governance		SCIENTI	IFIC, LITERATY AND EDU	CATTONAL POR	CLOSE WCITA	TITES.				
9	١.							:		
Ĝ	2		ox 🕨 💹 if the organization discontil					1 1	1	
త	3		oting members of the governing body (1	
ţį	4		dependent voting members of the government					1 1		
Activities	5	Total numbe	r of employees (Part V, line 2a)							
Ą	6									
	7a	Total gross u	nrelated business revenue from Part VI	ll, column (C), line 1	²			7a		
	Ь	Net unrelate	business taxable income from Form 9	90-T, line 34	<u> </u>				NONNON	
							Prior Y	ear	Current Year	
9	8									
Revenue	9	Program sen	rice revenue (Part VIII, line 2g)			· · · L				
ě	10	Investment i	ncome (Part VIII, column (A), lines 3, 4,	and 7d)		<u>L</u> _	10	0,406	128,810	
-	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)						
	12		e - add lines 8 through 11 (must equal l				10	0,406	128,810	
	13	Grants and s	imılar amounts paid (Part IX, column (A	(), lines 1-3)			17	0,026	108,996	
	14		to or for members (Part IX, column (A)							
EO.	15		er compensation, employee benefits (Pa				2	9,808	25,132	
Expenses	16a		fundraising fees (Part IX, column (A), lii							
<u>a</u>			sing expenses, Part IX, column (D), line	25)	NONE	• • • • —			· ··	
Δ			ses (Part IX, column (A), lines 11a-11d,	445 441				1,892	1,949	
	18		es. Add lines 13-17 (must equal Part IX			· · · · ·		1,726	136,077	
	19	Revenue less	expenses. Subtract line 18 from line 1) RECE	(MED	· · · ·		1,320	-7,267	
re s		THOUGHOU HOSE	expenses decirac interest nonline i	1 · · · - - - - - - - -	10		Beginning (End of Year	
ag ag	20	Total assets	Part X, line 16)	\$ WAX 1.			 -	7,764	3,860,309	
88	21		es (Part X, line 26)	1품1 · · M∀X · J ·	8 2010 - 121	· · · · · 	3,00	NONE	NON	
ag a	22		fund balances. Subtract line 21 from li	1 this is a second	·····	⋯⊢	2 96'	7,764	3,860,309	
Da		Signatur		1 161 15		• • • • • •	3,00	/,/041	3,000,309	
		T		Ololle	14.191				 	
		and belief, it	es of perjury, I declare that I have examin is true, correct, and complete. Decla <u>ra</u> tion	ned this return, includ n of preparer (other 1	ing accompanying s han officer) is base	schedules an ed on all info	d statements ormation of	s, and to the which prepai	best of my knowledge rer has anv knowledge	
c	ign		1 20 Real	,					_	
	'y'' êre	Signation	re of officer				Date	5/05/ <u>20</u>	10	
- 11	ere						Date	į		
			HERN TRUST, NA, VICE PI	RESIDENT_	· · · · · · · · · · · · · · · · · · ·					
		▼ Type or	print name and title		T	Ta				
Paid		Preparer's			Date	Check if self-		Preparer's id (see instructi	entifying number ions)	
	arer's	signature			<u></u>	employed	<u>▶ </u>		<u> </u>	
Use		Firm's name (if self-employ	or yours				EIN	>		
		address, and	ZIP + 4				Phone no			
May	the II	RS discuss thi	s return with the preparer shown above	e? (see instructions)		<u></u>	<u></u>	,	Yes X No	
E	0-5	A.A. a.a.d D.a	nament Paduction Act Natice and the						F 900 (2000)	

orr	n 990 (2009)
Pa	rt Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	TO SUPPORT THE BONNET HOUSE INC TO CARRY OUT CHARITABLE, RELIGIOUS,
	SCIENTIIFIC, LITERATY AND EDUCATIONAL PURPOSE ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 108,996. including grants of \$ 108,996.) (Revenue \$)
	BONNET HOUSE INC.
4 L	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 D	(Code:) (Expenses \$) (Nevertible \$)
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
le	Total program service expenses ► 108 996

Form **990** (2009)

Part	Checklist of Required Schedules		Yes	No
_			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	<u>X</u> _	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u> X</u>
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete		13 J	1
	Schedule D, Part VI.	()	1	
•	Did the organization report an amount for investments other-securities in Part X, line 12 that is 5% or more	1 7	<u> </u>	1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		ŀ	(
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	7		3
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			1
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		74	¥ .
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		3	1
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,	1	
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			1 1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			1
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u> </u>	<u> </u>	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14Ь		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	l	1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Ļ	X
		Form	990	(2009)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			1
-	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	•	23	ı	х
	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If No, go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ı	ł	}
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	Х
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1	1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	}	1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			1
		27		Х
	If "Yes," complete Schedule L, Part III	21		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1	l	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			 -
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
34		34	Х	
	III, IV, and V, line 1	34		
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			37
	Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related]
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
		Form	990	(2009)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		ZX.	
	gaming (gambling) winnings to prize winners?	1c		<u> X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			73.9
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			334
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		ł
	account)7	48		X
Ь	If Yes, enter the name of the foreign country: ▶	100		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	<u> </u>	↓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	1200
7	Organizations that may receive deductible contributions under section 170(c).	1 2	16.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u>.</u> .	¥2.	Arage.
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		\ _V
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	14 44	. ``	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		8 N.	
	benefit contract?	/e	 	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		 ^
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		+-
"		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		1
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		3	١.
	organization, have excess business holdings at any time during the year?	8	'	X
9	Sponsoring organizations maintaining donor advised funds.	,		†~ -
	Did the organization make any taxable distributions under section 4966?	9a	1	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:	88	7.	
	Initiation fees and capital contributions included on Part VIII, line 12	[S]	* 60	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			[3]
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	,	شش.	
	amounts due or received from them.)		·	ZŽ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		. , ,	<u> </u>
		_		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	tion A. Governing Body and Management			
	4- 1		Yes	No_
a	Enter the number of voting members of the governing body			
16	Enter the number of voting members that are independent		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		v
	any other officer, director, trustee, or key employee?	_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	X
6	Does the organization have members or stockholders?	6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	[ι,
	of the governing body?	7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>7b</u>	 	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		١	
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u> _	<u> </u>	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>	<u> </u>	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			· · ·
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		}	
	form?	11	X	
11A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		'	
	rise to conflicts?	12b	_X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Florida			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	_	
	available for public inspection. Indicate how you make these available. Check all that apply. Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
	organization: ► NORTHERN TRUST, N.A. TEL: (312)630-6000			
	PO BOX 803878; CHICAGO, IL 60680			
SA 2 1 00		Form	990 (2009)

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	P or director	nstitutional trustee	heck Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NORTHERN TRUST NA TRUSTEE	40		Х	1				25,132.	NONE	NONE
					ļ					
					_					
									-	
								<u> </u>		
			}							
					_					
			_		_		_			
						}				

9E1041 2 000

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es, a	and F	ligi			es (co		
(A)	(B)	1		(0	C)			(D)	(E)			F)
Name and title	Average hours per	-		Officer			Reportable compensation	Reportable compensation from related	on	Estimated amount of other		
	week	Individual trustee or director	Ē	E.	Key employee	hest	19	the	organizatio	ns	compe	ensation
		i al tr	nal t		oye	# G		organization (W-2/1099-MISC)	(W-2/1099-N	IISC)		n the nzation
		stee	nstitutional trustee		l °	Highest compensated employee	Ì	(** 2) (***)		Ì	and	related
			ě			ated	_				organ	ızatıons
			-	-	-		-			-		<u> </u>
		<u> </u>		ļ	<u> </u>	 	├_					
			ļ -									
		-	<u> </u>	-	-	<u> </u>	\vdash					
		<u> </u>	_	_	<u> </u>	 	}_					
		 					1					
		-		-	\vdash	<u> </u>	-					
		ļ		_	Ļ	ļ			ļ			
			:									
1b Total		L	<u> </u>	1	<u></u>		_	25,132		NONE		NO
2 Total number of individuals (including but not) re	·	\$100 000 in	иомф		NO
reportable compensation from the organization		11030										
											*************	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.								oloyee, or highes		ted • .	3	X
4 For any individual listed on line 1a, is the							tior	n and other com	pensation fr	om	8	33 4 14
the organization and related organizations	greater th	nan \$	150	,00	0?	If "Y	es,	" complete Sched	ule J for s	uch	1 1	
individual						 	• •	any unrelated of	rachization	· ·	4	<u> </u>
services rendered to the organization? If "Yes,"											5	X
Section B. Independent Contractors					J			A 4b-A		- 6100		
1 Complete this table for your five highest compensation from the organization.	compensat	ea ir	iaep	enc	jeni	con	irac	tors that received	more than			OT
(A) Name and business add	ress							(B) Description of ser	rvices	Co	(C) mpensa	tion
							+				 -	
		_										
2 Total number of independent contractors (in	cluding b	ıt not	lin	nite	d to	thos	ا بود	isted ahovel who	received			
more than \$100,000 in compensation from th	e organizat	ion 🕨	. 1111 <u>►</u>		. IL		.u		. CCEIVEU	Summi de s		
JSA											Form 9	90 (2009

Page 9

Part	VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns Membership dues						
and the	C	Fundraising events						
ig i	d	Related organizations	1 _ 1					2.3641
sin	e	Government grants (contribu	l l					
Per	T	All other contributions, gifts, gran and similar amounts not included	امدا					
d at	a	Noncash contributions included i	3 35040					
	<u>h</u>	Total. Add lines 1a-1f		▶				
Program Service Revenue	2a b			Business Code				35,000
2	٠ د							
E	Q A							
ga	f	All other program service rev	venue · · · ·					
<u>-</u>	9	Total. Add lines 2a-2f	<u></u>	<u></u>		C5,0%\s<0000	37.1.300.53.33	
	3	Investment income (including other similar amounts) Income from investment of tax						135,64
	5	Royalties	<u> </u>					
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	C	Rental income or (loss)		L	100 min 190 min			
	d	Net rental income or (loss) -	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,351,940	(ii) Gillo			30034	
	b	Less: cost or other basis and sales expenses	1,358,770					
	c d	Gain or (loss)	-6 <u>,</u> 830	<u> </u>				-6,83
9	8a	Gross income from f	fundraisıng	;				
ē		events (not including \$						
ě		of contributions reported on						
Other Revenue		See Part IV, line 18 · · · · Less: direct expenses · · ·				The company of	Same of Sugar	maye n
됐	b C	Net income or (loss) from fur						
	9a	Gross income from gaming a See Part IV, line 19	activities					,3,
	c b	Less: direct expenses · · · · Net income or (loss) from gall	ming activities					
	10a	Gross sales of inventoreturns and allowances	a					
	b c	Less: cost of goods sold Net income or (loss) from sal		 ▶	aliliana a rasmaturinin esta e	1		(1.1.
		Miscellaneous Reven	nue	Business Code		1		
	11a				ļ	ļ		
	Ь					 	 	
ł	C	A.I		<u> </u>	*	 		
	d	All other revenue Total. Add lines 11a-11d .				7.75 X 20		
ļ	е 12	Total Revenue. See instruction			128,810.			128,81
							·	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complet				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	108,996.	108,996.		- <u>-</u>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	25,132.		25,132.	
6	Compensation not included above, to disqualified			:	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	,			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)			ł	
	and section 403(b) employer contributions)				····
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
Ь	Legal				
C	Accounting	1,000.		1,000.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				·
g	Other		<u> </u>	·	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together	İ	İ		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	FOREIGN_TAX	949.		949.	
b					
C					
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	136,077.	108,996.	27,081.	NON E
26	Joint Costs. Check here ► If following]	
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs			J	
	from a combined educational campaign and				
	fundraising solicitation				

Balance Sheet			
	(A) Beginning of year		(B) End of year
Cash - non-interest-bearing	311,627.	1	297,707.
Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	2	
Pledges and grants receivable, net		3	
		4	
Receivables from current and former officers, directors, trustees, key			
employees, and highest compensated employees. Complete Part II of			
Schedule L		5	
Receivables from other disqualified persons (as defined under section			
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		6	
		7	
		8	
		9	
		1	
- · · · · · · · · · · · · · · · · · · ·			
·		100	
	3 556 137		3,562,602
· · ·		$\overline{}$	3,302,002
Ī		 	
			
<u>-</u>			
· · · · · · · · · · · · · · · · · · ·	2 067 764		2 060 200
	3,867,764.		3,860,309
· · · · · · · · · · · · · · · · · · ·		 	
		 	
		 	
		 	
· · · ·		21	
·		} }	
, , , , , , , , , , , , , , , , , , ,		1 1	
		+	
		++	
		 	
Total liabilities. Add lines 17 through 25	NONE	26	NON
Organizations that follow SFAS 117, check here and			
-		27	
Temporarily restricted net assets		+	
		·	
		23	
and complete lines 30 through 34.			
Capital stock or trust principal, or current funds	3,867,764.	30	3,860,309
Paid-in or capital surplus, or land, building, or equipment fund [31	
Retained earnings, endowment, accumulated income, or other funds [32	
Total net assets or fund balances	3,867,764.	33	3,860,309.
Total liabilities and net assets/fund balances		34	3,860,309.
	5,00/,101.		Form 990
	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - program-related See Part IV, line 11 Intengible assets. Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Ta-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable t	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons described in section 4958fl(fl)) and persons and secretary to the section 4958fl(fl) and persons and deferred charges Land, buildings, and equipment cost or interest to the section of the section flow the section flow interest to the section flow interest to the section flow interest to the section flow interest to the section flow interest f	Balance Sheet Cash - non-interest-bearing Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 11, 627. 1 3 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule D Less: accumulated depreciation of the sact complete Part IV of Schedule D Less: accumulated depreciation of the sact complete Part IV of Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Schedule D Less: accumulated depreciation of the sact complete Part IV of Schedule D Less: accumulated depreciation of the schedule D Less: accumulated depreciation of the schedule D Less: accumulated depreciation of the schedule D Less: accumulated third parties Less complete Part IV of Schedule D Less: accumulated third parties Less complete Part IV of Schedule D Less: accumulated third parties Less complete Part IV of

_	Page 12					
	Yes	No				

Form	990	(2009)	
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Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1 1		{
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			ļ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			İ
	Separate basis Consolidated basis Both consolidated and separate basis		l	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	Ì	}	
	the Single Audit Act and OMB Circular A-1337	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- Ja	-	 ^
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	ļ	
	required addit of addits, explain why in schedule o and describe any steps taken to undergo such addits.		990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Onen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of	the organizatio	n						Employer	r identificati	on numb	er	
EVELY			TRUST FBO THE						<u>65-6080</u>	<u>876</u>		
Part I	Reason fo	or Public Chari	ty Status (All organi	izations m	ust compl	ete this p	part.) Se	<u>e instruc</u>	tions.			
The orga			ation because it is: (Fo									
1	A church, co	onvention of chu	rches, or association of	of churches	described	in section	170(b)(1)(A)(i).				
2	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Ati	tach Sched	ule E.)							
3			ospital service organia									
4 🔝	A medical	research organia	zation operated in co	njunction	with a hos	pital desc	cribed in	section	170(b)(1)(A) (iii). 1	Enter	the
_		ame, city, and sta			- 	- -						
5	An organiza	ition operated for	or the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit des	cribe	d in
)(b)(1)(A)(iv). (Co	•									
6			ernment or governme									
7			Ily receives a substan		its suppor	t from a g	governme	entai unit	or from the	ne gene	ral pi	ablic
			(1)(A)(vi). (Complete F									
8		•	d in section 170(b)(1)(•							
9			Ily receives. (1) more									
			ted to its exempt fun									
			ment income and un						o i i laxi	Itom b	usine	5565
10		_	after June 30, 1975.									
10 X	_	-	nd operated exclusively and operated exclusively	-					ne of or	to carn	, out	the
'' <u> </u>			ublicly supported organization									
			at describes the type of									
	a Typ				e III - Funct				d X Ty		ther	
e X		L	rtify that the organiz			9	-			-		ified
- [ion managers and oth									
		r section 509(a)(-			•		•				
f	If the organ	nization received	a written determina	tion from	the IRS tha	at it is a	Type I,	Гуре II, о	r Type III	support	ing	
	organization	n, check this box										X
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the				
	following pe	ersons?										
	(i) A perso	on who directly	or indirectly controls	s, either al	one or tog	ether wit	h persor	s descrit	oed in (ii)		Yes	No
	and (iii)	below, the gove	erning body of the sup	ported orga	anızation?					11g(i)		X
			erson described in (i) a							11g(ii)		X
	(iii) A 35%	controlled entity	of a person described	l in (i) or (ii)	above? .					11g(iii)		X_
<u>h</u>	Provide the	following inform	ation about the suppo	, <u> </u>								
(i) Name	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9				ou notify		is the	(vii) An		of
org	amzanon		above or IRC section		document?	col. (i)	of your	(i) organi	zed in the	Sup	port	
			(see instructions))	ļ	T		ort?		S ?			
		 -		Yes	No	Yes	No	Yes	No			
CDD CM	MEMBARA 1											
SEE SIV	ATEMENT 1				 	 -		 	 			
	-	-			ļ.—							
								-	 			
	 ,				 				 			
	i											
					<u></u>				 			—
Total												

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

ection	(Complete only if you check	ed the box or	line 5, 7, or 8	of Part I.)			N/A
	A. Public Support						
Calenda	r year (or fiscal year beginning in) 🕨	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
me	ts, grants, contributions, and mbership fees received (Do not lude any "unusual grants.")						
ben	c revenues levied for the organization's nefit and either paid to or expended on behalf				··		
furr org	e value of services or facilities nished by a governmental unit to the panization without charge						
4 Tot	tal. Add lines 1 through 3	1000 1000			APRICE THE REST.	57.73 41.34	
per	e portion of total contributions by each son (other than a governmental unit or						
•	olicly supported organization) included	Brand Sold					
	line 1 that exceeds 2% of the amount						
	own on line 11, column (f)blic support. Subtract line 5 from line 4	(1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3			2 maintalitary ()	100	
	B. Total Support	15 163 235 25	8 2 7 X 5 7 X 5 3 5	180 (800) 1 3 J. J. J.	2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 5 5 5 5 3	
	r year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_		(4) 2000	(5, 2000	15, 200,	12, 2000	10, 2000	1., . 0.10.
8 Gro pay ren	position in the second securities and income from interest, dividends, ments received on securities loans, its, royalties and income from similar inces						
acti	t income from unrelated business is ularly carried on						
loss	ner income Do not include gain or s from the sale of capital assets plain in Part IV.)						
1 Tot	tal support. Add lines 7 through 10	*, *, * * * * * *					
2 Gro	oss receipts from related activities, etc. (s	ee instructions) .				12	
	st five years. If the Form 990 is f anization, check this box and stop here	· · · · · · · · ·					
ection	C. Computation of Public Sup						
ection Pul	blic support percentage for 2009 (li	ne 6, column (f)	divided by line				
ection Pul Pul	blic support percentage for 2009 (li blic support percentage from 2008	ne 6, column (f) Schedule A, Pai	divided by line at II, line 14			15	
ection Pul Pul a 33	blic support percentage for 2009 (li blic support percentage from 2008 1/3% support test - 2009. If the o	ne 6, column (f) Schedule A, Pai rganization did	divided by line rt II, line 14 not check the	box on line 13,	and line 14 is	331/3% or more	
ection 4 Pul 5 Pul 6a 33 this	blic support percentage for 2009 (li blic support percentage from 2008 1/3% support test - 2009. If the c s box and stop here. The organization	ne 6, column (f) Schedule A, Pai organization did on qualifies as a	divided by line rt II, line 14 not check the publicly suppo		and line 14 is	331/3% or more	▶[
ection Pul Pul a 33 this b 33	blic support percentage for 2009 (liblic support percentage from 2008 1/3% support test - 2009. If the cost box and stop here. The organization 1/3% support test - 2008. If the cost of t	ne 6, column (f) Schedule A, Pai rganization did on qualifies as a organization did	divided by line rt II, line 14 not check the publicly supponot check a b	box on line 13, rted organization ox on line 13 ox	and line 14 is	331/3% or more	▶ or more, _r
ection 4 Pul 5 Pul 6a 33 this b 33	blic support percentage for 2009 (liblic support percentage from 2008 1/3% support test - 2009. If the case box and stop here. The organization of the case this box and stop here. The organization of the case this box and stop here. The organization of the case this box and stop here.	ne 6, column (f) Schedule A, Pau organization did on qualifies as a organization did anization qualifi	divided by line rt II, line 14 not check the publicly suppo not check a bes as a publicly		and line 14 is n	331/3% or more 15 is 331/3% o	▶ [or more, ▶ [
ection 4 Pul 5 Pul 6a 33 this b 33 che 7a 10	blic support percentage for 2009 (liblic support percentage from 2008 1/3% support test - 2009. If the cost box and stop here. The organization of this box and stop here. The organization of this box and stop here. The organization of the cost this box and stop here. The organization of the cost statement of the cost statement of the cost of the cost statement of the cost of	ne 6, column (f) Schedule A, Pai rganization did on qualifies as a organization did anization qualifi 009 . If the orga	divided by line of II, line 14 not check the publicly suppo not check a best as a publicly inization did not	box on line 13, rted organization ox on line 13 o supported organ check a box on	and line 14 is n or 16a, and line nization Iline 13, 16a or	15 331/3% or more 15 is 331/3% o	▶ [or more, ▶ [1 is 10%
ection 4 Pul 5 Pul 6a 33 this b 33 che 7a 10° Par	blic support percentage for 2009 (liblic support percentage from 2008 1/3% support test - 2009. If the case box and stop here. The organization of the case of the support test - 2008. If the case this box and stop here. The organization more, and if the organization meets to the support to the organization meets to the support to the organization meets to the support to the organization meets to the support to the organization meets to the support to the organization meets to the support to the s	ne 6, column (f) Schedule A, Pai rganization did on qualifies as a prganization did anization qualifi 009. If the orga pets the "factsche "facts-and-ci	divided by line of II, line 14 not check the publicly suppo not check a best as a publicly inization did not and-circumstances t	box on line 13, rted organization ox on line 13 o supported organic check a box on test the organizes. The organizes.	and line 14 is not 14 is not 14 is not 15 not 16 no	331/3% or more 15 is 331/3% or 16b, and line 14 1 stop here. Ex as a publicly su	or more, ► [1 is 10% cplain in pported
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Par	Support Schedule for Organ (Complete only if you checked						N/A
Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants "}						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose		İ			_	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1				
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		†		1		
, -	received from disqualified persons						
ь	Amounts included on lines 2 and 3	· · · · · · · · · · · · · · · · · · ·	-				
	received from other than disqualified persons that exceed the greater of		ļ			,	1
	\$5,000 or 1% of the amount on line 13 for the year		ł				
_	Add lines 7a and 7b						
R	Public support (Subtract line 7c from				<u> </u>		
•	line 6)		ľ		1	i	1
Sec	tion B. Total Support						<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources					1	ļ
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ľ				
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business			ļ			
	activities not included in line 10b,				!		
	whether or not the business is regularly]
12	Other income. Do not include gain or						
12	loss from the sale of capital assets		1				
	(Explain in Part IV)		[
13	Total support. (Add lines 9, 10c, 11,					<u> </u>	
	and 12)		1				
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tax vear a	s a section 501	(c)(3)
• •	organization, check this box and stop here						
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,			mn (f))		15	%
16	Public support percentage from 2008 Schee			-		16	<u>%</u>
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (In			13. column (f))		17	%
18	Investment income percentage from 2008		· · · · · · · · · · · · · · · · · · ·			18	
	33 1/3% support tests - 2009. If the or						
	17 is not more than 33 1/3%, check the						
h	33 1/3% support tests - 2008. If the org						
U	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-				
JSA 21.10		2. 0110011		, 130, 3, 100		chedule A (Form 99	

	100 or 330-EZ) 2003
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
	Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.
_	

SCHEDULE (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Schedule I (Form 990) 2009 ş (h) Purpose of grant or assistance Open to Public Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X **Employer identification number** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 65-6080876 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed . . . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable THE the selection criteria used to award the grants or assistance? EVELYN F BARTLETT SUPPORT TRUST FBO General Information on Grants and Assistance (P) EIN (a) Name and address of organization or government SEE STATEMENT Name of the organization Internal Revenue Service Part

Schedule I (Fo	Schedule I (Form 990) 2009					Page 2	ge 2
Part III	Grants and Other Assistance to Individuals Use Part IV and Schedule I-1 (Form 990) if ad		in the United States. Co		Complete if the organization answered " ed.	"Yes" on Form 990, Part IV, line 22.	İ
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
N/A							1
		:					
Part IV	Supplemental Information. Complete this pa	e this part to p	provide the infor	rt to provide the information required in Part I, line	2, and	any other additional information.	
EXPLANA	EXPLANATION FOR FORM 990, SCHEDULE I, PA	. I, PART 1	RT 1 LINE 2				- !
MAIL PE	MAIL PERIODIC STATEMENTS TO THE CHARITY;		D_MEETINGS/	HOLD MEETINGS/PHONE CALLS AT	<u>AT</u>		- 1
LEAST A	LEAST ANNUALLY WITH CHARITY TO DISCUSS I	<u>CUSS INVES</u>	NVESTMENT_MANAGEMENT.	EMENT (ł
DISTRIE	DISTRIBUTIONS_AND_OTHER_ISSUES_IMPORTANT		THE CHARITI	TO THE CHARITIES: KEEP WRITTE	TIE		
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						Schodule 1 (Form 990) 200	200

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

	OMB No 1545-0047
	ൗത്രമ
	2009
ĺ	Open to Public
	Inspection
4:	Cention our box

Name of the organization	Employer identification number
EVELYN F BARTLETT SUPPORT TRUST FBO THE	65-6080876
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	IEW
YES, A COPY OF TAX RETURN SENT TO TRUSTEE FOR REVIEW & COMME	NT IF
APPLICABLE	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c	
VEG ANDERS AGRICUS EDGENERAL DV MOVIGERE	
	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
YES, MADE IT AVAILABLE UPON REQUEST	

SCHEDULE R (Form 990)

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

See separate instructions.

OMB No 1545-0047	2009	Open to Public
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Schedule R (Form 990) 2009 (f) Direct controlling entity (f) Direct controlling entity Employer identification number 65-6080876 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. ta)
Name, address, and EIN of related organization Name, address, and EIN of disregarded entity SUPPORT TRUST FBO THE EVELYN F BARTLETT STATEMENT_3 Name of the organization Part II Part I

SEE

9E1307 1 000

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 (h) Percentage ownership (j) General or menaging partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 65-6080876 (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Disproportionets allocations? ŝ Ξ Yes (f) Share of total income (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) (c) Legal domicile (state or foreign country) (d) Direct controlling entity (b) Primary activity Legal domicile (state or foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV

		Yes No
Note. Complete line 1 it any entity is listed in Parts II, III, or IV of this schedule. 1 During the tay year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?	d in Parts II IV?	
Beceint of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity.		18
		1b
6 Giff grant or capital contribution from other organization(s)		1c
		PL
		9
e coais of loan guarantees by other organization(s)		Company of the Control of the Contro
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		19
		1h
		Section of the sectio
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		¥;
1 Performance of services or membership or fundraising solicitations by other organization(s)		: : : : : : : : : : : : : : : : : : : :
m Sharing of facilities, equipment, mailing lists, or other assets		
o Reimbursement paid to other prognization for expenses		10
		1р
q Other transfer of cash or property to other organization(s)		<u>-</u>
		1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and tran	saction thresholds.
(e)	(b) Transaction	(c) Amount involved
Name of other organization	type (a r)	
(3)		
(4)		
(9)		
		Schedule R (Form 990) 2009

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

BONNET HOUSE, INC.

EIN: 65-0161955

TYPE OF ORGANIZATION FROM PART I: 7

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: 108,996.

TOTAL SUPPORT:

108,996.

EVELYN F BARTLETT SUPPORT TRUST FBO THE

65-6080876

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

BONNET HOUSE, INC.

ADDRESS:

900 N. Birch Rd.

FORT LAUDERDALE, FL 33304

EIN:

65-0161955

PURPOSE OF GRANT: GENERAL SUPPORT

TOTAL CASH GRANTS.....

108,996. ______

STATEMENT 2

Supplement to Schedule R, Part II, Form 990

Name of entity: BONNET HOUSE INC.

Address of Entity: FORT LAUDERDALE, FL 33304

Employer ID Number: 65-0161955
Primary Activity: MUSEUM AND ART
Legal domicile state: FL
Exempt code section: 501 (C) (3)

Public charity status:7