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990-PF

Return of Private Foundation

tion 4947(a)(1)	Nonexempt Charitable	Trus
Treated on	a Drivata Foundation	

OMB No 1545-0052

Department of the Treasury	Treated as a Private Foundation
nternal Revenue Service	Note: The foundation may be able to use a copy of this return to satisfy state reporting requirement

, 2009, and ending For calendar year 2009, or tax year beginning Initial return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS 65-6449227 THE CIRCLE OF FRIENDS FOUNDATION label. Otherwise, Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. 1701 SE 10TH ST (954) 761-9349 See Specific If exemption application is pending, check here City or town, state, and ZIP code Instructions. 1 Foreign organizations, check here FT LAUDERDALE, FL 33316 2 Foreign organizations meeting the 85% test, check here and attach H Check type of organization X Section 501(c)(3) exempt private foundation computation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust F If private foundation status was terminated J Accounting method | X Cash Fair market value of all assets at end under section 507(b)(1)(A), check here . > Other (specify) of year (from Part II, col (c), line If the foundation is in a 60-month termination 45,923. (Part I, column (d) must be on cash basis) **16)** ▶ \$ under section 507(b)(1)(B), check here (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) for charitable expenses per may not necessarily equal the amounts in income income purposes books (cash basis only) column (a) (see page 11 of the instructions) 39,492. Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to 2 Check attach Sch B. Interest on savings and temporary cash investments 67 67 ATCH Dividends and interest from securities b Net rental income or (loss) 13,712 6 a Net gain or (loss) from sale of assets not on line 10 Gross sales pnce for all RECEIVED 13,712 Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . 9 2010 Income modifications -O 10 a Gross sales less returns and allowances b Less Cost of goods sold . OGDEN c Gross profit or (loss) (attach schedule) Other income (attach schedule) 13,779. 53,271 Total. Add lines 1 through 11 . . 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits 16a Legal fees (attach schedule) . . . **b** Accounting fees (attach schedule) ATCH 2 1,825 0 c Other professional fees (attach schedule) . . . 377 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion, 21 Travel, conferences, and meetings 22 Printing and publications 632 Other expenses (attach schedule) ATCH 4. 23 Total operating and administrative expenses. 2,834 0 0 Add lines 13 through 23 43,652. 43,652. Contributions, gifts, grants paid 46,486. 0 Ō. 43,652. Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12. 6,785 a Excess of revenue over expenses and disbursements **b** Net investment income (if negative, enter -0-) -0c Adjusted net income (if negative, enter -0-). .

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. $^{9E1410\,1\,000}\,55\,34\,70$ B64M 7/1/2010 2:27:39 PM V 09-6.4

JSA ATCH

Da	-+ H	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-y	Beginning of year	End of	
		Dalance Officets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing			
	2	Savings and temporary	cash investments	21,675.	7,060.	7,060.
	3	Accounts receivable ▶				
		Less: allowance for dou	btful accounts			·····
	4	Pledges receivable ▶_				
		Less allowance for dou	btful accounts			
-	5			1		
l	6		officers, directors, trustees, and other			
	-		ach schedule) (see page 16 of the instruction	ons)		
ı	7		receivable (attach schedule)			
-	•		btful accounts ►			
	8		se	I I		
끭	9		leferred charges			
SSI	-	· ·	te government obligations (attach schedule)		, ,	
١ '			e stock (attach schedule) ATCH 5		39,492.	38,863.
		•		•	· · · · · · · · · · · · · · · · · · ·	
1		Investments - land, building	e bonds (attach schedule)s, s, —			
	_	(attach schedule)				
1			loans			
1	3 4	Investments - other (atta	ach schedule)			
1.	•	equipment basis	ation •			
		(attach schedule)	ation			
1	5	Other assets (describe	P	-)		
1	6	· ·	pleted by all filers - see the	F1 700	46 550	4E 022
\bot			page 1, item I)		46,552.	45,923
1	7	Accounts payable and a	accrued expenses	•		
1	8	Grants payable				
නු 1	9	Deferred revenue	. <i>.</i>	•	44	
₹ 2	0	Loans from officers, directo	ors, trustees, and other disqualified persons			
Liabilities 5	1	Mortgages and other no	otes payable (attach schedule)			
긔2	2	Other liabilities (describe	e ▶	_)		
2	3	Total liabilities (add line	es 17 through 22)			
Т		Foundations that fol	low SFAS 117, check here ▶			
		and complete lines	24 through 26 and lines 30 and	31.		
8 2	4	Unrestricted				
5 2	5	Temporarily restricted				
ag 2	6	Permanently restricted		1		
	•	Foundations that do	not follow SFAS 117, iplete lines 27 through 31. cipal, or current funds r land, bldg , and equipment fund			
.5		check here and com	plete lines 27 through 31.	x1 .		
5 2	7	Capital stock trust prin	cipal, or current funds			
S	,	Poid in or contol surplies of	r land, bidg, and equipment fund			
Net Assets	٥		ulated income, endowment, or other funds	L 1 200 L	46,552.	
AS	5 ^	• .	d balances (see page 17 of the	• •		
힐	U		· · · · ·	51,708.	46,552.	
		Instructions)	t assets/fund balances (see page 17	32,1331	10,0021	
3	1		,	51,708.	46,552.	
		of the instructions)	anger in Not Apoeto or Eur	<u> </u>	10,002.	
			anges in Net Assets or Fur		agent with	.
			alances at beginning of year - Pa			51,708
			d on prior year's return)			6,785
2 E	nte	r amount from Part I,	line 27a		2	0,185
3 (Othe	er increases not includ	led in line 2 (itemize) ▶		3	FO 402
4 A	١dd	lines 1, 2, and 3	line 2 (itemize) ▶ ATTA		4	58,493
5 [)ec	reases not included in	line 2 (itemize) ►ATTA	CHMENT 6	5	11,941.
<u>6</u> T	ota	I net assets or fund ba	alances at end of year (line 4 mir	nus line 5) - Part II, column (b)	, line 30 6	46,552.

Part IV Capital Gains	and Losses for Tax on Inv	estment Income	(b) How		··
	d describe the kind(s) of property sold (acquired P-Purchase	(c) Date	(d) Date sold (mo, day, yr)
OPE DADE THE COUR	rick warehouse; or common stock, 200	shs MLC Co)	D-Donation	(mo , day, yr)	(,,, ,, ,
×	DOLE				
b					
<u>C</u>					_
<u>d</u>					
<u>e </u>		(a) Cook or other house		# \ C = = = # !	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
ab					
C					
d					
e					
Complete only for assets s	howing gain in column (h) and owi	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col	(k), but not less Losses (from co	
a					
b					
C					
d					
е			ļ,		
Capital gain net income or		f gain, also enter in Part I, line 7 } f (loss), enter -0- in Part I, line 7	2		13,712.
Net short-term capital gair	or (loss) as defined in sections 12	,			
	line 8, column (c) (see pages 13				
	line 8	4	3		
		uced Tax on Net Investment Inc	come		*
	the section 4942 tax on the distribution of qualify under section 4940(e)	butable amount of any year in the b	ase perio	d?	Yes X N
		r, see page 18 of the instructions b	efore mak	ung any entries	
(a)			Tore man	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2008	49,578.	42,381.		(cor (b) divided b	1.169817
2007	45,044.	46,535.			0.967960
2006	50,857.	25,317.	-		2.008808
2005	0.	5,336.	 		0.000000
2004				-	
Total of line 1, column (d)			2		4.146585
	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
_		s than 5 years	3		1.036646
Enter the net value of nor	ncharitable-use assets for 2009 fro	om Part X, line 5	4		32,077.
					33,252.
Multiply line 4 by line 3			5		33,232.
Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		138.
Add lines 5 and 6			7		33,390.
3 Enter qualifying distribution	ons from Part XII, line 4		8		43,652.
If line 8 is equal to or great VI instructions on page		in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See th
SA				For	n 990-PF (200

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	38.
	here $\blacktriangleright [\overline{X}]$ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		- 1	38.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		1	38.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			- 30 .
6	Credits/Payments			
	2009 estimated tax payments and 2000 over payment credited to 2009			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to life (Form 6666)			
	Backup withholding erroneously withheld		1	.80.
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			42.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 42 - Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$0.			١
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			١,,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	I .		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5		 ^ -
	if "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	_7	Λ	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \blacktriangleright $^{\rm FL}$,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			,,
	27)? If "Yes," complete Part XIV	9		_X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			X
	names and addresses	10		Ι ^

Par	t VII-A Statements Regarding Activities (continued)			
1,1	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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			•
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	l
	Website address NONE			
14	The books are in care of ► CIRCLE OF FRIENDS FOUNDATION Telephone no ► (954) 76	1-9	349	
	Located at ▶1701 SE 10 ST FT LAUDERDALE, FL ZIP+4 ▶ 33316		-	
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			
Par	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.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X 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)?	1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			١.,
	were not corrected before the first day of the tax year beginning in 2009?	1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	 		x
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterorise at any time during the year?			
	chesphole at any time during the year	ł		
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	2 .		
	foundation had excess business holdings in 2009.)	3 b	 	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
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?	4 b		х
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20097	1 7 10	<u> </u>	

Form	990-PF (2009)			65-644	19221		Page 6	
Pai	t VII-B Stateme	ents Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
5 a	During the year did th	ne foundation pay or incur any amou	int to					
	(1) Carry on propaga	ında, or otherwise attempt to influer	nce legislation (section	4945(e))?	Yes X N	o		
	(2) Influence the out	come of any specific public election	(see section 4955), o	r to carry on,				
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	` .	, (2), or (3), or section 4940(d)(2)? (_		Yes X N	.		
		urpose other than religious, charital				"		
	• • • • • • • • • • • • • • • • • • • •	•	- ·		Yes X N			
	parposes, or for the protection of all and the all and							
D	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)?							
	J		-		·	<u>5b</u>	-	
		on a current notice regarding disast						
С		to question 5a(4), does the foundation			Yes X N	_		
		d expenditure responsibility for the gi			Yes N	°		
		atement required by Regulations sect						
6 a	·	uring the year, receive any funds, d	•		□ ▽		į	
	•	contract?					· ·	
Ь	Did the foundation, d	uring the year, pay premiums, direc	tly or indirectly, on a	personal benefit contrac	^{;†?}	6b	<u> </u>	
	If "Yes" to 6b, file For							
		e tax year, was the foundation a pa	•		. — —			
		tion receive any proceeds or have a						
Pai	t VIII Informati and Cont	on About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,		
1	List all officers. dir	ectors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instr	ructions).		
		me and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expense		
	ια) πα	me and address	hours per week devoted to position	(If not pard, enter	employee benefit plans and deferred compensation	other allow	wances	
								
AT	TACHMENT 7			0.	0.		0	
				· ·				
2	Compensation of fi	ve highest-paid employees (ot	her than those inc	luded on line 1 - se	e page 23 of the ins	tructions).		
	If none, enter "NON					•		
10	Name and address of a	ach employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense	account,	
(a	, Name and address of e	ach employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allov	wances	
					- COMPONICATION	<u> </u>		
	NONE					}		
			<u>.</u>					
								
Tota	I number of other er	nployees paid over \$50,000 .	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
						Form 990	-PF (2009)	

(a) Name and address of each person paid more than \$50,000 NONE NONE NONE NONE NONE NONE NONE	Five highest-paid independent contractors for professional services (see page 2	3 of the instructions). If none,	enter "NO	NE."
otal number of others receiving over \$50,000 for professional services				
otal number of others receiving over \$50,000 for professional services NON 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 beneficianes served, conferences convened, research papers produced, etc. 1 N/A 2	NOVE			
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions	NONE			
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions				
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions				
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions				
Part IX-B 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 beneficianes served, conferences convened, research papers produced, etc 1 N/A 2				
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 beneficianes served, conferences convened, research papers produced, etc 1	otal number of others receiving over \$50,000 for professional services		▶	NON
of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A 2	Part IX-A Summary of Direct Charitable Activities			
2 3 4 NONE NONE All other program-related investments See page 24 of the instructions All other program-related investments See page 24 of the instructions		formation such as the number	Ехре	nses
3	1 N/A			
3				
3	2			
4				
4				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE	3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE	4			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE Largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions				
1 NONE 2 All other program-related investments See page 24 of the instructions			1 ^	
All other program-related investments See page 24 of the instructions	NOVE	and 2	Allic	
All other program-related investments See page 24 of the instructions	1 1010			
All other program-related investments See page 24 of the instructions				
	2			
3 NONE	All other program-related investments See page 24 of the instructions			
	3 NONE			
		·		

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. see page 24 of the instructions.)	Foreign foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	2,876.
ь	Average of monthly cash balances	1b	29,689.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	d Total (add lines 1a, b, and c)	1d	32,565.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	32,565.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 2	5	••
	of the instructions)	4	488.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line	4 5	32,077.
6	Minimum investment return. Enter 5% of line 5	6	1,604.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) foundations and certain foreign organizations check here ▶ and do not complet	5) private operating	
_	· · · · · · · · · · · · · · · · · · ·		1,604.
1	Minimum investment return from Part X, line 6	138.	1,004.
	Tax on investment income for 2009 from Part VI, line 5	130.	
b	,		138.
C	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	2c	1,466.
3	Distributable amount before adjustments. Subtract line 20 from line 1	3	1,400.
4	Recoveries of amounts treated as qualifying distributions	1 1	1,466.
5	Add lines 3 and 4	5	1,400.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	1 166
	line 1	7	1,466.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а		1a	43,652.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		•
	purposes	2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the	• • • • • • • • • • • • • • • • • • • •	
а		3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	43,652.
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)		138.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	43,514.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calcula qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				1,466.
2	Undistributed income, if any, as of the end of 2009			***********	
_	Enter amount for 2008 only				
ь	07 0 <i>E</i> 0E I				
3	Excess distributions carryover, if any, to 2009				
-	From 2004				
b	From 2005				
·	From 2006 49, 414	•			
d	42 244	•			
	From 2008 48,173.				
	Total of lines 3a through e	140,931.			
	Qualifying distributions for 2009 from Part XII,	<u></u>			
	line 4 ▶ \$ 43,652.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				1,466.
е	Remaining amount distributed out of corpus	42,186.			
5	Excess distributions carryover applied to 2009		=		
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	183,117.			
	Prior years' undistributed income Subtract				
С	line 4b from line 2b 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.				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.	:			
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)			-	
9	Excess distributions carryover to 2010.			-	
	Subtract lines 7 and 8 from line 6a	183,117.	_		
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007 43,344.				
	Excess from 2008 48,173.	+			
е	Excess from 2009 42,186.				

Forn	†990-PF (2009)	<u></u>			449227	Page 10
Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a _	If the foundation has				ating	
•	foundation, and the ruling	g is effective for 2009, e	enter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is	a private operating found	dation described in section	1 4942	(J)(3) or 4942(J)(5)
•		Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	for the minimum investment	,,,,	,,,		(,,====	
	return from Part X for each					
	year listed			-	-	
Ь	85% of line 2a				_	
C	Qualifying distributions from Part					
_	XII, line 4 for each year listed .				 	
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
_	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed			Ì		
С	"Support" alternative test - enter	· · · · · · · · · · · · · · · · · · ·				1
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),	•				
	or royalties) (2) Support from general					+
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(J)(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income	1.6 1: 10	1 4 41 2 4	1 15 41 6 1		
Pa			omplete this part e page 28 of the in		ation nad \$5,000	or more in assets
_						
1_	Information Regarding			- than 20/ of the tota		and har the formulation
а	List any managers of before the close of any	the foundation who rates tax year (but only if the	nave contributed mor	e than 2% of the tota nore than \$5 000) (S	ee section 507(d)(2))	red by the foundation
			io, navo commodica i	(0	00 000000000000000000000000000000000000	
	ATTACHME					
b	List any managers of					y large portion of the
	ownership of a partner	ship or other entity) o	t which the foundation	n has a 10% or greater	Interest	
_	N/A					
2	Information Regarding	-		· -		
	Check here ► X if the	he foundation only i	makes contributions	to preselected chari	table organizations a	and does not accept
	unsolicited requests for				e 28 of the instruction	ons) to individuals or
	organizations under otl	ner conditions, comple	ete items 2a, b, c, and	<u>a</u>		
а	The name, address, ar	nd telephone number	of the person to whor	n applications should b	e addressed	
b	b The form in which applications should be submitted and information and materials they should include					
			=44			
С	Any submission deadlii	nes				
_						
d	Any restrictions or lin	nitations on awards.	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors		, , , ,	. ,		•

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3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	Eutura Baymant	
Recipient	If recipient is an individual,	Foundation	uture Payment	
Name and address (home or business)	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
a Paid during the year	or substantial contributor	700.5		
a , and daming the year				
ATTACHMENT 9				
			▶ 3a	43,652.
b Approved for future payment				
Total	<u> </u>		▶ 3b	

Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a					
b					
c					
d					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	67.	
4 Dividends and interest from securities			14	67.	
5 Net rental income or (loss) from real estate					
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					-
8 Gain or (loss) from sales of assets other than inventory			18	13,712.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		. —			
b					
C					
d					
e			-	13,779.	
12 Subtotal Add columns (b), (d), and (e)					13,779.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28				13	
Part XVI-B Relationship of Activities			xempt Purp	oses	
Explain below how each active the accomplishment of the formage 29 of the instructions)					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		NOT APPLICAB	LE		
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Pa	art	XVII		nforma Exempt				Trai	nsfers	то	and	Trans	sacti	ons	and	Rela	tions	hips	Wi	th N	lone	hari	table
1	[] 	old the	e org	janization 501(c) of	directly	or in	directl her th	y eng an se	age in	any (01(c)(3	of the 3) org	follov anizatio	ving v	with a	any ot	her c	rganıza , relatı	ation o	descri polit	ibed tical		Yes	No
á	o T	rganız ransfe	ations ers fro	om the repo	orting fo	oundatio	on to a	nonch	arıtable	exemp	t organ	uzation (of				,	Ü	•				
	(1) Cas	h.,																		1a(1)		Х
				sets																	1		X
ŀ		ther to																			41.74		X
				assets to a																	1	1	$\frac{1}{X}$
				es of asset																	1b(2)		$\frac{x}{x}$
				facilities, i sement arra																			X
				loan guara																			X
				nce of ser																			X
c				cilities, equ																		1	Х
				er to any																		fair i	narke
				goods,								-				•			-				
				y transact					-	-		-											
		-			. 1																		
(a)	Line	no	(b) A N/	Mount invol	ved	(c)	Name c	of nonch	naritable	exempt	organiz	ation		(d) Des I/A	cription	of tran	sfers, tra	ansactio	ns, an	d shan	ing arra	ngeme	nts
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				ame of orga					(t) Type	of organ	nization					(c) Des	cription	of rel	ations	nip		
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	Uı	nder pe	nalties	of perjury,	l declar	e that I	have e	xamıne	d this re	tum/ in	cluding	accomp	panying	sched	lules an	d state	ements,	and to	the b	est of	my kr	owledg	je and
	be	elief, it i	s true	correct, an	d compl	lete Dec	laration	of ore	parer (161	her/thai	n taxpa	yer or fi	duciary	r)ısba∷ ∕	secion:	all info	rmation سند	of whi	ch pre	eparer 1	has an	y know	/ledge
			-	y	/n/\				7				1/	17/	10	<u> </u>		/ri	N	11			
9		Sign	ature (officer or to	ustee	·						Γ	Da	te /	т—		Title				-d1 °		
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	4 6			name (or yo nployed), ac		N. O		E TI	HLIN		DIV NUE,	OF 'N	IARC		LLP		EIN	▶ 11	1-15	9863	23		

Phone no 305-377-4228

and ZIP code

MIAMI, FL

33131

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Name of the organiz

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

THE CIRCLE OF FRIE	NDS FOUNDATION	Employer identification number
	65-6449227	
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
•	4947(a)(1) nonexempt charitable trust not treated as a priv	ate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
, -	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ by one contributor. Complete Parts I and II	5,000 or more (in money or
Special Rules		
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % supply and 170(b)(1)(A)(vi), and received from any one contributor, during the supply 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-	ne year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received ate contributions of more than \$1,000 for use exclusively for religious, closes, or the prevention of cruelty to children or animals. Complete Parts	haritable, scientific, literary, or
the year, contribu aggregate to mor year for an <i>exclus</i> : applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received the foruse exclusively for religious, charitable, etc., purposes, but the tethan \$1,000. If this box is checked, enter here the total contributions ively religious, charitable, etc., purpose. Do not complete any of the parganization because it received nonexclusively religious, charitable, etc.,	ese contributions did not that were received during the ts unless the General Rule contributions of \$5,000 or more
Caution. An organization the	at is not covered by the General Rule and/or the Special Rules does no	ot file Schedule B (Form 990,
•	rust answer "No" on Part IV, line 2 of its Form 990, or check the box or -PF, to certify that it does not meet the filing requirements of Schedule	
For Privacy Act and Paperwork Re	eduction Act Notice, see the Instructions Sc	hedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

THE CIRCLE OF FRIENDS FOUNDATION

Employer identification number 65-6449227

Part Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARK K SNEAD REV TRUST 1701 SE 10ST	\$	Person X Payroll X Noncash
	FT LAUDERDALE, FL 33316	-	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	· (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page __ of Part II of

Name of organization THE CIRCLE OF FRIENDS FOUNDATION

Employer identification number

a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	MID CAP SPDR TRUST-295 SHS			
			39,492.	12/29/2009
a) No. from Part I	(b) Description of noncash property given	t t	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$		
a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$		
a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received

		1 *		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

JSA 9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

FORM 990-PF - PART IV

Kınd of F	Property	Description					Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	Gain or (loss)	
		APPLE INC-	36 SHS			D	10/03/2008	01/05/200
3,453.		PROPERTY T	YPE: SECURI	TIES			-318.	
		GOOGLE INC				D	10/03/2008	01/05/200
330.		PROPERTY T	YPE: SECURI	ΓΙΕS			-72.	
		APPLE INC-				D	08/17/2006	01/05/200
6,138.		PROPERTY T' 4,335.	YPE: SECURI	TIES			1,803.	
		DEVRY INC-				D	01/04/2006	01/09/200
5,871.		2,062.	YPE: SECURI	ries -			3,809.	
		DEVRY INC-				D	01/04/2006	01/16/200
5,791.		1,964.	YPE: SECURI	ΓΊΕS			3,827.	
		GOOGLE INC				D	12/03/2004	01/05/200
659.		PROPERTY T	YPE: SECURI	FIES			300.	
		GOOGLE INC				D	12/03/2004	01/05/200
9,562.		5,199.	YPE: SECURI	LIES			4,363.	
OTAL GAIN(L	OSS)						13,712.	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

67.

67.

67.

67.

TOTAL

DIVIDENDS

DESCRIPTION

18734

PAGE 20

ATTACHMENT 1

FEES	
ACCOUNTING	
- 1	
Н	l
PART	
990PF,	
FORM	

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	1,825.	1,825.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 2

PAGE 21

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION EXCISE TAXES

377.

TOTALS

377.

DESCRIPTION

MEALS

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS 632.

TOTALS

632.

CORPORATE STOCK

PART II

FORM 990PE,

ENDING FMV	0. 0. 0. 38,863.
ENDING BOOK VALUE	0. 0. 0. 39,492.
BOOK VALUE	9,658. 8,756. 11,619. 0.
DESCRIPTION	INTUITIVE SURGICAL - 150 SHARE GOOGLE STOCK - 12/32 SHARES APPLE STOCK - 100 SHARES DEVRY STOCK - 205 SHARES MID CAP SPDR TRUST-295 SHARES

Ŋ

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

TOTAL

DESCRIPTION

AMOUNT

ADJUSTMENT FOR TAX BASIS OF GAIN ON SALE

11,941.

11,941.

OF DONATED STOCK

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

PART VIII

FORM 990PF,

ATTACHMENT 7

EXPENSE ACCT AND OTHER ALLOWANCES	.0	·	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0.	0
COMPENSATION	.0	Ö	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
NAME AND ADDRESS	JOANNE SNEAD 1701 SE 10TH ST FT LAUDERDALE, FL 33316	MARK SNEAD 1701 SE 10TH ST FT LAUDERDALE, FL 33316	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JOANNE SNEAD MARK SNEAD

2 27:39 PM

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ALL SAINTS CATHOLIC MISSION 3460 POWERLINE RD OAKLAND PARK, FL 33309	NONE 501 (C)(3)	CHARITABLE PURPOSES	8,677
AMERICAN CANCER SOCIETY 3407 NW 9TH AVENUE, SUITE 100 FT LAUDERDALE, FL 33309	NONE 501 (C)(3)	CHARITABLE PURPOSES	1,000
BROWARD OUTREACH CENTER 2056 SCOTT STREET HOLLYWOOD, FL 33022	NONE 501 (C)(3)	CHARITABLE PURPOSES	2,700
BROWARD TRUST FOR HISTORIC PRESERVATION PO BOX 1060 ET LAUDERDALE, FL 33302	NONE 501 (C) (3)	CHARITABLE PURPOSES	500.
CAPITAL RESEARCH CORP 1513 16TH STREET NW WASHINGTON, DC 20036	NONE 501 (C) (3)	CHARITABLE PURPOSES	500.
COOPERATIVE FEEDING PROGRAM 1 NW 33RD TERRACE FORT LAUDERDALE, FL 33311	NONE 501(C)(3)	CHARITABLE PURPOSES	1,000

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ATTACHMENT 9 (CONT'D)

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PAID DURING THE YEAR	
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CONTRIBUTIONS P	ŀ
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PART XV	
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	AMOUNT	1,450.		5,200			1,000.			250			20			8,150			
	PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE PURPOSES		CHARITABLE PURPOSES			CHARITABLE PURPOSES			CHARITABLE PURPOSES			CHARITABLE PURPOSE			CHARITABLE PURPOSE			
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE 501(C)(3)		NONE	501 (C) (3)		NONE	501 (C) (3)		NONE	501 (C)(3)		NONE	501 (C) (3)		NONE	501 (C)(3)		
	RECIPIENT NAME AND ADDRESS	HANDY 101 NE 3RD STREET	FT LAUDERDALE, FL 33301	PACE CENTER FOR GIRLS - BROWARD	2225 N ANDREWS AVE	WILTON MANORS, FL 33311	VIRGINIA TECH FOUNDATION, INC	UNIVERSITY DEVELOPMENT	BLACKSBURG, VA 24061	AMERICAN HEART ASSOCIATION	6444 NW STH WAY	FT. LAUDERDALE, FL 33309	BONNET HOUSE ALLIANCE	900 N BIRCH ROAD	FT LAUDERDALE, FL 33304	Інав	920 NW 7TH AVENUE	FT LAUDERDALE, FL 33311	

ATTACHMENT 9 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COALITION TO END HOMELESS PO BOX 030177 FT LAUDERDALE, FL 33303	NONE 501 (C)(3)	CHARITABLE PURPOSE	1,000.
CORNELL UNIVERSITY 130 E SENECA STREET STE # 400 ITHACA, NY 14850	NONE 501 (C) (3)	CHARITABLE PURPOSE	500
CYSTIC FIBROSIS, GOLD COAST GUILD 3443 NW 55TH STREET BLDG 1 FT LAUDERDALE, FL 33309	NONE 501 (C)(3)	CHARITABLE PURPOSE	1,140
SOS CHILDREN'S VILLAGE 3681 NW 59TH PLACE COCONUT CREEK, FL 33073	NONE 501 (C)(3)	CHARITABLE PURPOSE	1,000
STRANAHAN HOUSE 335 SE 6TH AVENUE FT. LAUDERDALE, FL 33301	NONE 501 (C)(3)	CHARITABLE PURPOSE	800
THE PANTRY OF BROWARD 610 NW 3RD AVENUE FT LAUDERDALE, FL 33186	NONE 501 (C)(3)	CHARITABLE PURPOSE	. 800

18734

			ATTACHMENT 9 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PRINCETON AREA COMMUNITY FOUNDATION - THE SANDRA M 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	NONE 501 (C) (3)	CHARITABLE PURPOSE	250
THE SMILE TRAIN 41 MADISON AVENUE, 28TH FLOOR NEW YORK, NY 10010	NONE 501 (C)(3)	CHARITABLE PURPOSE	1,000.
USO PO BOX 96860 WASHINGTON, DC 20090	NONE 501 (C)(3)	CHARITABLE PURPOSE	500
WOMEN IN DISTRESS	NONE	CHARITABLE FURPOSE	575.

460

CHARITABLE PURPOSE

45

CHARITABLE PURPOSE

501 (C) (3)

501 (C) (3)

NONE

1000+CLUB TO BENEFIT CANCER

FT LAUDERDALE, FL 33302

PO BOX 676

FORT LAUDERDALE, FL 33308

4300 NE 25TH AVE

501 (C) (3) NONE

BROWARD PUBLIC LIBRARY FUND-LITERARY FEAST

FORT LAUDERDALE, FL 33301

100 SOUTH ANDREWS AVE

18734

			ATTACHMENT 9 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FRIENDS OF MHA 7145 W OAKLAND PARK BLVD LAUDERHILL, FL 33313	NONE 501(C)(3)	CHARITABLE PURPOSE	200
GLOBAL HUMANITARIAN ADVENTURES PO BOX 12798 RALEIGH, NC 27605	NONE 501(C)(3)	CHARITABLE PURPOSE	005
JUNIOR ACHIEVEMENT 2335 E ATLANTIC BLVD, SUITE 200 POMPANO BEACH, FL 33062	NONE 501(C)(3)	CHARITABLE PURPOSE	200
KIWANIS CLUB PO BOX 460669 FORT LAUDERDALE, FL 33346	NONE 501(C)(3)	CHARITABLE PURPOSE	. 500.
MARCH OF DIMES 1001 WEST CYPRESS CREEK ROAD, SUITE 111 FORT LAUDERDALE, FL 33309	NONE 501(C)(3)	CHARITABLE PURPOSE	50.
OPERA SOCIETY 221 SOUTHWEST THIRD AVENUE FORT LAUDERDALE, FL 33312	NONE 501(C)(3)	CHARITABLE PURPOSE	35

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2 27.39 PM

553470 B64M 7/1/2010

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SPECIAL OLYMPICS	NONE	CHARITABLE PURPOSE	100
3301 COLLEGE AVE.	501(C)(3)		
FORT LAUDERDALE, FL 33314			
SUNRISE MIDDLE SCHOOL	NONE	CHARITABLE PURPOSE	20.
1750 NE 14TH ST	501(C)(3)		
FORT LAUDERDALE, FL 33304			
SUNSHINE KIDS FOUNDATION	NONE	CHARITABLE PURPOSE	250.
2814 VIRGINIA	501(C)(3)		
HOUSTON, TX 77098			
SYMPHONY OF THE AMERICAS	NONE	CHARITABLE PURPOSE	150
199 NORTH OCEAN BLVD	501(C)(3)		
POMHPANO BEACH, FL 33062			
TASKFORCE FOR ENDING HOMELESSNESS	NONE	CHARITABLE PURPOSE	.005
730 NORTH ANDREEWS AVE	501(C)(3)		
FORT LAUDERDALE, FL 33311			
UNITED WAY OF MIAMI DADE/BROWARD	NONE	CHARITABLE PURPOSE	2,000.
3250 SW 3RD AVE.	501(C)(3)		
MIAMI, FL 33129			

TOTAL CONTRIBUTIONS PAID

43,652

PAGE 33 ATTACHMENT 9

V 09-6.4

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

	e of estate or trust				Employer ident		n number
	THE CIRCLE OF FRIENDS FOUNDA			·	65-64492	227	
	e: Form 5227 filers need to complete only F Short-Term Capital Gains and L		Hold One Ve				
Pai		1	I	ar or Less	(e) Cost or other	basis	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(see page 4 of instructions	the	the entire year Subtract (e) from (d)
		 			mati dodono	,	Capitalit (a)
						;	
					•		
	100						
		l	<u> </u>	<u> </u>		Ι	
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1. line 1b			1b	-390.
-	Zinor the enert term gain or (lede); if any,		.,				
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partner					3	
4	Short-term capital loss carryover Enter the			•			,
	Carryover Worksheet					4	(
5	Net short-term gain or (loss). Combine lii	_				_	-390.
Pa	column (3) on the back	os Assats Hala	More Than Or			5	390.
r al	(a) Description of property	(b) Date acquired	I		(e) Cost or other		(f) Gain or (loss) for
	(Example 100 shares 7% preferred of "Z" Co)	(mo, day, yr)	(mo, day, yr)	(d) Sales price	(see page 4 of instructions		the entire year Subtract (e) from (d)
6a							
			<u> </u>]			
b	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6 b	14,102.
7	Long-term capital gain or (loss) from Fore	ms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	ships, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
4.0	Com from Form 4707 Books						
10	Gain from Form 4797, Part I Long-term capital loss carryover Enter the	o omount if and	from line 44 a			10	
11	- · · · · · · · · · · · · · · · · · · ·					11	
12	Carryover Worksheet		in column (f)	Enter here and on	ine 14a		
	column (3) on the back					12	14,102.
Ear I	Panarwork Reduction Act Notice see the Inch						e D (Form 1041) 2000

Page	2
raue	4

Sched	dule D (Form 1041) 2009			Page 2
Par		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	-390.
13	Net short-term gain or (loss)			-390.
14				14,102.
a	Total for year			14,102.
	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
	28% rate gain			13,712.
15	Total net gain or (loss). Combine lines 13 and 14a	T Port I line 40) If line	s 1/a and 15 colum	
to Pa	t: It line 15, column (3), is a net gain, enter the gain of Form 1041, line 4 (or Form 990) It V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV (and the Capital Loss Car	ryover Worksheet, a	s necessary
	t IV Capital Loss Limitation	·		
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, li	ne 4c if a trust) the sn	naller of	
)
Note	The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, lin	ne 22 (or Form 990-T, In	ne 34), is a loss, co	mplete the Capital Loss
Carry	over Worksheet on page 7 of the instructions to figure your capital loss carryover	·		
Par				
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2		nount is entered ii	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that tion: Skip this part and complete the worksheet on page 8 of the instructions			
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or	"		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
Forn	n 990-T trusts. Complete this part only if both lines 14a and 15 are gair	ns, or qualified divide	ends are included	I in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	I complete the works	sheet on page 8	of the instructions if
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)			,
	but not less than zero			
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 19			
20	Add lines 18 and 19			
21	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g, otherwise, enter -0 ▶ 21			
22	Subtract line 21 from line 20 If zero or less, enter -0	· · · · · · · · · · · · · · · · · · ·		
23	Subtract line 22 from line 17 If zero or less, enter -0	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24?			
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.	25		
00	No. Enter the amount from line 23			
26	Subtract line 25 from line 24	20		
27	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
	1 tes. Skip lines 27 thru 30, go to line 31			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
20	Enter the amount from the 20 (if the 20 is blank, enter 0)			
29	Subtract line 28 from line 27	. 29		
30	Multiply line 29 by 15% (15)		30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Sch	edule for Estates ar		
•	(see the Schedule Ginstructions in the instructions for Form 1041)			
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Sch			
	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here a	and on Form 1041,	Schedule	
	G, line 1a (or Form 990-T, line 36)			
				lule D (Form 1041) 2009

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust

Employer Identification number 65-6449227

THE CIRCLE OF FRIENDS FOR		65-6449227			
Part I Short-Term Capital Gains a	and Losses - Asse	ts Held One Year	r or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a APPLE INC-36 SHS	10/03/2008	01/05/2009	-	3,771.	-318.
GOOGLE INC-1 SH	10/03/2008	01/05/2009	330.	402.	-72.
	· · · · · · · · · · · · · · · · · · ·				
					· · · · · · · · · · · · · · · · · · ·
					<u> </u>
					
		L	<u> </u>	<u> </u>	

-390.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . .

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example (b) Date (c) Date sold (c) Date sold (d) Sales pnce (see page 4 of the (see page 4 of the							
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr)	(mo , day, yr)	instructions)	(see page 4 of the instructions)	Subtract (e) from (d		
APPLE INC-64 SHS	08/17/2006	01/05/2009	6,138.	4,335.	1,80		
DEVRY INC-105 SHS	01/04/2006	01/09/2009	5,871.	2,062.	3,809		
DEVRY INC-100 SHS	01/04/2006	01/16/2009	5,791.	1,964.	3,82		
GOOGLE INC-2 SHS	12/03/2004	01/05/2009	659.	359.	300		
GOOGLE INC-29 SHS	12/03/2004	01/05/2009	9,562.	5,199.	4,363		
							
 							
				"			

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice			
 If you are fi 	ling for an Automatic 3-Month Extension, complete only Part I and check this box		▶	. X
	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 te Part II unless you have already been granted an automatic 3-month extension on a previou		8868.	
Part Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this box	and complete		
Part I only			▶	
All other corp time to file inco	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 ome tax returns	to request	an extens	sion of
one of the re- electronically i returns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automiturns noted below (6 months for a corporation required to file Form 990-T). However, f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 99 composite or consolidated From 990-T. Instead, you must submit the fully completed and sign edetails on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chair	you cannot 0-BL, 6069, gned page 2	file Form or 8870, (Part II) of	8868 group
Type or	Name of Exempt Organization	Employer identification number		
print	THE CIRCLE OF FRIENDS FOUNDATION	65-6449227		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions			
due date for	1701 SE 10TH ST			
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instructions	FT LAUDERDALE, FL 33316			
Check type o	f return to be filed (file a separate application for each return)			
Form 990		720		
Form 990		5227		
Form 990	,	069		
X Form 990		8870		
The books	are in the care of ▶ CIRCLE OF FRIENDS FOUNDATION			
	No. ▶ 954 761-9349 FAX No. ▶			
 If this is for for the whole gnames and Ell 1 request 	Ns of all members the extension will cover. st an automatic 3-month (6 months for a corporation required to file Form	attach a list v	nsion of	f time
411(11	rganization's return for	amed above.	ine exter	ision is
$ ightharpoonup \left[\overline{X} \right]$	calendar year 2009 or			
▶ ∐	tax year beginning, and ending	·	<u> </u>	
2 If this tax	year is for less than 12 months, check reason. Initial return Final return	Change in ac	counting p	period
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les idable credits. See instructions	s any	•	0.
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pays		•	
	clude any prior year overpayment allowed as a credit	3b	e	0.
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, do		4	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	cposit F		
Instruction		3c	e	0.
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO a			
for payment in		ina F0111 0073	5-LU	
	ct and Paperwork Reduction Act Notice, see Instructions.	··		
TOL TIVACY A	CLANG PADERWORK REQUESION ACT NOTICE. SEE INSTRUCTIONS.	Form	3868 (Rev	4-20091