

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 99	90-F	F
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# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OWR NO	1545	-0052	
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De	partmer	nt of the Tr	reasury rvice	Note	: The foundation	on may l	Treated as a Private Foundation hay be able to use a copy of this return to satisfy state reporting requirements						
_					x year begin					and endi			, 20
G Check all that apply: Initial return					Initial return of a former public charity					Final return			
				$\vdash$	Amended r	eturn	_		ss change	Γ	•	ame change	<b>J</b>
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	or ty	ype.	P.O. BOX			11011						(92	0) 583-3132
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11	ıstruc	ctions.		3141	, and 211 000	•						pending, check here	<b>▶</b> 1
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7	$\neg$	• •	-		X Section						- 1	computation .	
+					npt chantable t				vate foundation			E If private foundation	<b>►</b>
•			t value of all				-	thod. XC	asn Acc	rual		under section 507(b)	(1)(A), check here . P
	-	•	m Part II, co		), iine 330.		other (spec		n cash basis.)				a 60-month termination
		<b>▶</b> \$		<u> </u>				u) must be of	T Casir basis.)	-		under section 507(b)	(d) Disbursements
Li	art				and Expense		(a) Ke	venue and	(b) Net inve	stment	(c	) Adjusted net	for charitable
		may n	ot necessarily	equ	al the amounts	in		nses per looks	incom	e		ıncome	purposes
-					of the instructi		<del> </del>		(A) (Ca)	G(); ,	£		(cash basis only)
	1	Contribut	ions, gifts, grants, e	etc , re ound	eceived (attach sche ation is not requ	edule) .	<b></b>	236,300.		· 5 · · ^		* * *	7.00 1 2 2 2 2 2 2 2
	2	Check J	attach	Sch.	В		·	151	~	1.51		<u> </u>	a moiti in it in it is
	3		•	•	orary cash invest	ments		151	<del> </del>	151.			ATCH-1
	4	Divider	nds and interes	st fro	m secunties			4,293.		4,293.			ATCH 2
	5 a	Gross	rents				L	1 ,	32 - 32	- 82, 11 1			1
	b	Net rent	at income or (los	ss) _			1 2		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	T (3 g) / 24	15.10	69 - 3	K 7 24/2 3/4/2 3/4/2
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Revenue	7	Capital	gain net incor	ne (i	from Part IV, Iır	ne 2) .		, , , , , , , , , , , , , , , , , , ,		V 1511		001	101
-	8	Net sho	ort-term capita	l gai	n		7,378 14	- 21788.25.35		1.000 mg	<u> </u>	MAY 1 7 201	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	10 a		ales less returns wances				L	1897 A. S. S. S. S. S.	7076 3339	17 17 17 1	1	COEN L	
	b	Less: Co	ost of goods sold	j .			35 - La 24.5	A. J. A. A. S. A. S. S.	المُرَافِينِ إِنْ اللَّهِ الْمُوارِّعُ مِنْ اللَّهِ الْمُوارِّعُ مِنْ اللَّهِ الْمُوارِّعُ مِنْ اللَّهِ اللَّهُ		· ''{~	OGDEN, L	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	C	Gross	profit or (loss)	(atta	ich schedule)		ļ		新年後の				· 美国的 1000 1000 1000 1000 1000 1000 1000 10
	11	Other u	ncome (attach	sch	edule)			476		NONE			The state of the s
_	12	Total,	Add lines 1 thr	ough	<u>111</u>	<u></u>		239,368.		4,444.		. <u>-</u>	<b>建设设施等品类设立。</b>
	13	Comper	sation of officer	s, dır	ectors, trustees,	etc	ļ	NONE					
	14	Other e	employee sala	nes a	and wages .								
ses	15				benefits								
and Administrative Expenses	16 a				ıle)				ļ				
χb	b	Accour	ntıng fees (atta	ch s	chedule)		<u></u>				ļ	<del></del>	
ē	c	Other p	professional fe	es (a	attach schedule	e)	ļ	1,545.	ļ				1,545.
뀵	17	Interes	t				ļ						
str	18	Taxes (a	attach schedule)	(see	page 14 of the instr	uctions)							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ē	19	Deprec	ation (attach:	sche	dule) and depl	etion .	<u></u>						12.0%(1995)(1995)
Ę	20	Occupa	ancy										
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0	25		•		spaid			27,000.	\$7 Call 34	w [t] =	. 7	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	27,000.
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					es and disburseme	ents		210,823.				19 34 Contract	
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For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 0000 10567I 649D 5/11/2010 7:24:19 AM V 09-6.1

Form 990-PF (2009)

JSA

PAGE 2

1 Cesh - non-inferest-beamps	9	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year		
2 Savings and temporary cash evestereds   45,727; 12,295   12,295    Less: allowance for doubtful accounts ▶   Less: allowance for allowance for doubtful accounts ▶   Less: allowance for allowance	_			<del></del>	(b) Book Value	(c) Fair Market Value		
2 Savengs and temporary cash investments		1	Cash - non-interest-bearing	2,507.	3,511.	3,511.		
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totale schedule) depressation be total content of the content of t		14	Land, buildings, and	多数 为企业的				
15 Total assets (to be completed by all filers - see the instructions Also, see page 1, item i)			Less: accumulated depreciation					
16 Total assets (to be completed by all filers - see the mstructions Also, see page 1, item I)		15	Other assets (describe					
Instructions Also, see page 1, item i)   193,210   404,033   390,330     17   Accounts payable and accrued expenses								
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Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)  Total liabilities (describe								
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Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  4 Unrestricted		22	Other liabilities (describe	<del></del>		<b>翻译的是独立的</b>		
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  4 Unrestricted								
and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bidg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total Ilabilities and net assets/fund balances (see page 17 of the instructions) 31 Total net assets or fund balances (see page 17 of the enstructions) 31 Total net assets or fund balances (see page 17 of the enstructions) 31 Total net assets or fund balances (see page 17 of the enstructions) 31 Total net assets or fund balances (see page 17 of the enstructions) 32 Total net assets or fund balances (see page 17 of the enstructions) 33 Total net assets or fund balances in Net Assets or Fund Balances 4 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 4 Enter amount from Part I, line 27a 5 Other increases not included in line 2 (itemize) 5 Add lines 1, 2, and 3 6 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize)	_	23	Total liabilities (add lines 17 through 22)					
24 Unrestricted								
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)			and complete lines 24 through 26 and lines 30 and 31.					
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)	ŝ	24	Unrestricted					
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)	띭	25	Temporarily restricted					
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)	폛	26						
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)	삥							
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)	딍							
Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances (see page 17 of the instructions)  Total net assets or fund balances (see page 17 of the instructions)  Total net assets of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)  5  Decreases not included in line 2 (itemize)	۲	27	•					
31 Total liabilities and net assets/fund balances (see page 17 of the instructions).  Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize) ▶  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize) ▶  5	S							
31 Total liabilities and net assets/fund balances (see page 17 of the instructions).  Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize) ▶  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize) ▶  5	Se			193,210	404.033			
31 Total liabilities and net assets/fund balances (see page 17 of the instructions).  Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize) ▶  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize) ▶  5	B		· · · · · · · · · · · · · · · · · · ·	133/210.				
31 Total liabilities and net assets/fund balances (see page 17 of the instructions).  Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize) ▶  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize) ▶  5	힐			103 210	404 033			
of the instructions).  Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5		31	Total liabilities and not people found belongs (one new 47	193,210.	101,033.	<b>建筑等等等等的</b>		
Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Decreases not included in line 2 (itemize)  5			` ' '	102 210	404 022			
Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  5			or the instructions)	193,210.	404,033.	<b>可認的學 第一条。在一致</b>		
end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize)  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  5 5			· · · · · · · · · · · · · · · · · · ·		<del> 1</del>			
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	7							
3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5					<u>1</u>			
3 Other increases not included in line 2 (itemize) ▶ 3 4 404,033.  4 Add lines 1, 2, and 3 4 404,033.  5 Decreases not included in line 2 (itemize) ▶ 5						210,823.		
Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)   5	3	Other	increases not included in line 2 (itemize)		3			
5 Decreases not included in line 2 (itemize) ▶	4	Add li	4 0 4 0			404,033.		
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 404, 033.	5	Decre						
	6_	Total	net assets or fund balances at end of year (line 4 minus line	e 5) - Part II, column (b),	ine 30 6	404,033.		

Form 990-PF (2009)

Part IV Capital Gain	s and Losses for Tax on Inv	estment Income		<del></del>	1 age 0
	d describe the kind(s) of property sold (e	•	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a SEE PART IV SCHE		,	U-Donation	<u> </u>	
b					
_c					
d					
е	·		ļ		
(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) mini	
a				······	
<u>b</u>			<u> </u>		
С			ļ		
d			<u> </u>	<u> </u>	
<u>e</u>	L				
Complete only for assets sho	owing gain in column (h) and owned			Gains (Col. (h) g	
(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	COI.	(k), but not less t Losses (from co	
a					
<b>b</b>			ļ		
<u>C</u>				<del></del>	
d					
е	<u> </u>	L	<del> </del>		
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-1,852.
· · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 1222				
•	line 8, column (c) (see pages 13 and	•			
If (loss), enter -0- in Part I,	line 8	<u> </u>	3		
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tax on Net Investment Inc	ome		
	the section 4942 tax on the distribute not qualify under section 4940(e). Do	* *	period?	□	Yes X No
· · · · · · · · · · · · · · · · · · ·	ount in each column for each year; se		e makına a	any entries	
(a)	(b)	(c)	- making t	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	}	Distribution ra (col (b) divided by	
2008	32,250.	183,302.	<u> </u>		0.175939
2007	30,750.	219,478.			0.140105
2006	24,000.	222,236.		-	0.107993
2005	20,483.	183,730.			0.111484
2004	14,942.	179,284.			0.083343
		<del></del> -		·	
2 Total of line 1, column (d)			2		0.618864
	for the 5-year base period - divide th				
number of years the found	fation has been in existence if less th	nan 5 years	3		0.123773
4 Enter the net value of non	chantable-use assets for 2009 from	Part X, line 5	4		222,627.
5 Multiply line 4 by line 3			5		27,555.
6 Enter 1% of net investmer	nt income (1% of Part I, line 27b)		6	<u> </u>	44.
7 Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •		7		27,599.
<b>.</b> =			8		28,545.
If line 8 is equal to or gr Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete t	that part	using a 1% tax	rate. See the
JSA				Form	990-PF (2009)

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see pag	e 18 d	of the i	nstruction	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	-2 4	, X, X, Y		·	
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)		25			•
þ,	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		, ,,	~	44.
	here ► X and enter 1% of Part I, line 27b	100	7,775		130	. 1/2
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	يعكد كلاعظيم	1. A	م مانگردار تاکش معالمدول	- 3	. 1 25 2 c
	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			N	ONE 44
3 4	Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3	··· · · · ·			ONE
5	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	· · · · · · ·			44.
5 6	Credits/Payments:	(L) (1)	2.757	N 4 7 3	1 2 2	
-	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 192.	7014	500 A	1	isine "	د ب <sup>ن</sup>
b	NONE		17 19		ز وکوستان	3.2\
C	Tax paid with application for extension of time to file (Form 8868)  6c NONE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ayra No			
d	- · · · · · · · · · · · · · · · · · · ·		3			
7	Backup withholding erroneously withheld	ىدىنىڭ 7	بالمستعدد فحد	شرطه اید ت¥ در ما	1	.92.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		<del></del>		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				1	48.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax	10 11				
	t VII-A Statements Regarding Activities		·			
1a		ıt		72.6	Yes	No
	participate or intervene in any political campaign?	••		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 1	 9				
	of the instructions for definition)?	_		16		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia.	 Is			31 3 3	13.10
	published or distributed by the foundation in connection with the activities.			3.4		ر ميان مينونونونونونونونونونونونونونونونونونونو
c	Did the foundation file Form 1120-POL for this year?			1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			Diraci.	1	353
	(1) On the foundation >\$ (2) On foundation managers >\$			200	7 -19,4 :: 	100 to
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	sed				
	on foundation managers. > \$			300		141
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			. 2		X
	If "Yes," attach a detailed description of the activities			4 . 2 .		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	s of		الأسانيم	Tuben is	4.5
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			. 3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			. 4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?			. 4b	N	/ A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			. 5	in .	X
	If "Yes," attach the statement required by General Instruction T.			(1) (2) (1) (2) (1) (2)		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1.38.5	1	\$ 9 A
	By language in the governing instrument, or				ر کور ا	
	By state legislation that effectively amends the governing instrument so that no mandatory directions	that				1
	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		XV.	1 7	X	19 2 A
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of	the		1544		6 3 7 1 V
	instructions) $\triangleright$ W1,			-12/3	(4 ±0 ±). 3(€,^ +)	\$
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			13 miles		3.6
_	(or designate) of each state as required by General Instruction G?If "No," attach explanation			. 8b	X	\$1 F.
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494	•		3 2, ~ 25 (		ر معرب
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV		age			v
	27)? If "Yes,"complete Part XIV			·   9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list					х
	names and addresses		<u></u>	. 10		^

Form	990-PF (2009) 72-1528213			Page 5
Par	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	T = T		
	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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	Website address ► N/A  The books are in care of ► KATHLEEN A. LOPPNOW Telephone no. ► (920) 5  Located at ► POST OFFICE BOX 128 BROWNSVILLE, WI ZIP+4 ► 53006	83-31	32	
	located at POST OFFICE BOX 128 BROWNSVILLE, WI			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A			T
	and enter the amount of tax-exempt interest received or accrued during the year	i		ш
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	+2/21	Yes	No
1a	During the year did the foundation (either directly or indirectly):	1	100 m	130
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	225	党装	15.50
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	17 33 45 A	£ 1) 49	2
	disqualified person?	1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 54	, , , , , , , , , , , , , , , , , , ,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			A Tine
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	100	3.3	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	27 Jun 20 2		
	the benefit or use of a disqualified person)?	100		
	(6) Agree to pay money or property to a government official? ( Exception. Check "No" if	1. C. 3.		
	the foundation agreed to make a grant to or to employ the official for a penod after	1		1
	termination of government service, if terminating within 90 days.)	2000		7403
h	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	M	/ A
	Organizations relying on a current notice regarding disaster assistance check here	ر فرع ع	7. 7.8	लगे हैं
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			. A
·	were not corrected before the first day of the tax year beginning in 2009?	1c	752.4-3	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	· (15°)	£	36.
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1000	14 to 1	1.00
•	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and		3,13	74.51
•	6e, Part XIII) for tax year(s) beginning before 2009?	11.24	為周	74. 50
	If "Yes," list the years			W.J.
				1 (C) (C) 1
Ü	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2b	the tax.	*24.47 A
_	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	1 25	1 1 3	25,00,50
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
٥.	Delth founds bell and the control of	347		
зa	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No	17 10 20 10		
		1	1. A.	186
Þ	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	1	3) (2.4) 31 - 31	16%
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1618	<b>38</b> E	18
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	15%	(1) (1)	だ学
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1250	- (EL)	. 32. 3 -
_	foundation had excess business holdings in 2009.)	3b	N	V.A.
4a	Did the foundation invest during the year any amount in a manner that would jeonardize its charitable numbers?	4a		, A

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requir	red (continued)	
5 a	During the year did the foundation pay or incur any amount	to:			* 4.
-	(1) Carry on propaganda, or otherwise attempt to influence		945(e))?	Yes X No	
•	(2) Influence the outcome of any specific public election (se				
	at the second of	-		Yes X No	
	(3) Provide a grant to an individual for travel, study, or other			•	
	(4) Provide a grant to an organization other than a chantab				100
		=		Yes X No	(水) ( · · · · · · · · · · · · · · · · · ·
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	• •		. Tes A No	
	(5) Provide for any purpose other than religious, charitable			□ □	
	purposes, or for the prevention of cruelty to children or				72.11
þ	If any answer is "Yes" to 5a(1)-(5), did any of the transa				mat the Talk in the second
	Regulations section 53.4945 or in a current notice regard	ing disaster assistand	e (see page 22 of the	ınstructions)?	.   5b   N/A
	Organizations relying on a current notice regarding disaster	assistance check her	е	▶□	- 機動機(3×5)
С	If the answer is "Yes" to question 5a(4), does the foundation	n claim exemption from	n the tax		
	because it maintained expenditure responsibility for the gra-	nt?	N/A	Yes No	
	If "Yes," attach the statement required by Regulations section			•	
e -	Did the foundation, during the year, receive any funds, direct		v premiums		
оa		• • • •	•	Yes X No	
L	on a personal benefit contract?				6b X
U	Did the foundation, during the year, pay premiums, directly	or indirectly, on a per	sonar benefit contract?		· · · · · · · · · · · · · · · · · · ·
_	If "Yes" to 6b, file Form 8870			Yes X No	1 34 591 (15.1)
	At any time during the tax year, was the foundation a party			. Yes X No	
	If yes, did the foundation receive any proceeds or have any			History Daily Francis	7b   N /A
Par	t VIII Information About Officers, Directors and Contractors	, Trustees, Four	idation managers	, Hignly Pald Emp	ioyees,
1	List all officers, directors, trustees, foundation man	agers and their co	mpensation (see pa	ge 22 of the instructi	ons).
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans	(e) Expense account,
	(4)	devoted to position	-0-)	and deferred compensation	other allowances
AT	TACHMENT 4		NONE	NONE	NONE
2	Compensation of five highest-paid employees (othe	r than those inclu	ded on line 1 - see p	age 23 of the instruc	tions).
	If none, enter "NONE."		•		<u> </u>
		(b) Title, and average	4-10	(d) Contributions to employee benefit	(e) Expense account,
(8	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allowances
		dovoted to position		compensation	
	VAND		NONE	NONE	NONE
	NONE		NONE	NONE	NONE
					<del></del>
					<del></del>
Tota	I number of other employees paid over \$50,000 .	L	<u> </u>	<u> </u>	▶ NONE
	i mamber of other employees paid over 400,000 .	<del> </del>		<u></u>	Form <b>990-PF</b> (2009)

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Part VII!	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ation Managers, Highly Paid Emp	oloyees,
3 Five high	nest-paid independent contractors for professional services (see	page 23 of the instructions). If none	e, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE	NONE
Total number	er of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
List the found of organization	lation's four largest direct charitable activities during the tax year. Include relevant statis ons and other beneficiaries served, conferences convened, research papers produced, or	itical information such as the number setc	Expenses
1 NONE			
2			
3			
4			
			_
Part IX-B	Summary of Program-Related Investments (see page 23 of	of the instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 NONE	·		
			NONE
2			
All other prog	ram-related investments. See page 24 of the instructions	· · · · · · · · · · · · · · · · · · ·	

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NONE

Form 990-PF (2009) 72-1528213 Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 2. purposes. Average monthly fair market value of securities 12 198,466. Average of monthly cash balances 1b 27,551. Fair market value of all other assets (see page 24 of the instructions) 1c NONE Total (add lines 1a, b, and c) 1d 226,017. · 3 ~ Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) ...... Acquisition indebtedness applicable to line 1 assets 2 NONE Subtract line 2 from line 1d 3 226,017. Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) 4 3,390. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 222,627. Minimum investment return. Enter 5% of line 5 6 11,131. Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \( \bigcup \) and do not complete this part.) Minimum investment return from Part X. line 6 11,131. Tax on investment income for 2009 from Part VI, line 5 2a Income tax for 2009. (This does not include the tax from Part VI.) 2b .... Add lines 2a and 2b 44. 2c Distributable amount before adjustments. Subtract line 2c from line 1 11,087. 3 Recoveries of amounts treated as qualifying distributions 4 5 11,087. Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 11,087. Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 28,545. 1a Program-related investments - total from Part IX-B 1b NONE Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 NONE 15° 23 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a NONE Cash distribution test (attach the required schedule) 3Ь NONE Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 28,545. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

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

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44.

28,501.

5

6

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

	n 990-PF (2009)	- 00 of the instruction		28213	Page 9
Part XIII Undistributed Income (see page 26 of the instructions)					
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7	3	\$1980 1 180 To	<b>表达的基础</b> 对形	11,087.
2	Undistributed income, if any, as of the end of 2009	W. 14 37.0	· 经制度数据 的	社区外共 5歲五,此	<b>泰尔斯斯斯</b> 斯斯
а	Enter amount for 2008 only		The state of the s	NONE	
b	Total for prior years: 20 07 ,20 06 ,20 05	2 7 7 7 7 18 2	NONE	State of the state of	知是的物理學
3	Excess distributions carryover, if any, to 2009	State of the	P. 对合业等是否是	<b>经无效,自然,</b> 是	<b>建设了一个条件的</b>
а	From 2004 6,594.			The state of the s	
Ь	From 2005	学の禁むいい			
C	From 2006 14,038.	ASSESSED AND A STATE OF THE PARTY OF THE PAR	The second second second	The state of the s	A MARKET STATE OF STA
ď	From 2007				
8	From 2008			33 25 182 1 4	To the state of th
f	Total of lines 3a through e		The second of the second of the second		多。《多·罗斯·特尔·特尔
4	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶\$ 28,545.				
	Applied to 2008, but not more than line 2a	A STATE OF THE STA	The transfer of the state of th	NONE	THE TANK THE STATE OF THE STATE
ь	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		<u></u>		
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount	3 - 3 6 13 19 19	3 4 4 4	2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	11,087.
	Remaining amount distributed out of corpus	17,458.	*	138 Bay 184 May 19	The same of the same
5	Excess distributions carryover applied to 2009		<u>्रेड्, क्लार्ड्</u>	24547	2-6 7. C. 4 136 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
	(If an amount appears in column (d), the same	· 与"是是接接" 张春 美华岛	11 25 C 2 C 2 St. C. C.	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ؙؙٵڮٷڿڿڰؙؙؙؙؙڝڰڣڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰڰ
6	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	92,763.			
	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed		NONE	The first of the state of the	
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
		THE STATE OF THE S		7 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A S of S S S S S S S S S S S S S S S S S
a	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2008 Subtract line		TENDER MARKET	7. K. W. S. A. S. A. B. S. A. B. S. W. B. W. B. S. W. B. W. B. S. W. B. W. B. S. W. B. W. B. S. W. B. W. B. S. W. B. W.	
	4a from line 2a. Taxable amount - see page 27 of the instructions			NONE	
f	Undistributed income for 2009. Subtract lines				
-	4d and 5 from line 1. This amount must be	14、1864年(美國語)			
-	distributed in 2010	文 新教 新· 新教教堂			
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				
8	Instructions)		12 - 12 Table 2-2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same of the same of the	
•	applied on line 5 or line 7 (see page 27 of the instructions)	6,594.			
9	Excess distributions carryover to 2010.		一是是这种,是是对	物學學們學的	<b>经验验</b>
	Subtract lines 7 and 8 from line 6a	86,169.	<b>公然是少漢的</b>	1年被影響的世	
10	Analysis of line 9		<b>全部的数据</b>	大学 かんない	经营业等 下電
а	Excess from 2005 11,330.		人的政策等等。	學是這個實際	
b	Excess from 2006 14,038.	STATES SAIN	高速器 小蜂科	· 经基础的	
C	Excess from 2007 20,067.	, 4, 4 1 - 3 (4)	<b>国际公司等的</b>	經生的基次計劃	<b>建设设置,然外的方向</b>
d	Excess from 2008 23,276.			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<b>建筑的</b>
	Excess from 2009 17, 458.		15、老师"1117年第二年五十二年	28 Bell (28/2017)	전문법 연기 보고 있었다

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Pa	art XIV Private Oper	rating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a						
	foundation, and the ruling	•			. ▶∟	
b	Check box to indicate whe		ivate operating foundatio		4942()	)(3) or 4942(j)(5)
2 a		Tax year		Pnor 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2009	(ь) 2008	(c) 2007	(d) 2006	
	year listed					
•	Qualifying distributions from Part			<del> </del>		
٠	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets     (2) Value of assets qualifying under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-		<del></del>			<del> </del>
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed	<u> </u>				
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income					
Pa	at any time of	during the year - se	page 28 of the in		ation had \$5,000	or more in assets
1	Information Regarding	•				
а	before the close of any	tax year (but only if the	ey have contributed in			ed by the foundation
_	<del></del>	MICHELS, TRUSTER				· large parties of the
D	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regarding					
	Check here ► if t unsolicited requests f organizations under ot		dation makes gifts, g	rants, etc. (see page		
а	The name, address, an	•	the person to whom a	pplications should be a	ddressed:	
b	The form in which appli		nitted and information	and materials they sho	uld include:	
	ATTACHME	ENT 6				
С	Any submission deadling					
		WILLIAM T. DWY		<del> </del>		
d	Any restrictions or li factors:	mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	ATTACHME	ENT 7				

3 Grants and Contributions Paid Du	ring the Year or Appr	oved for I	Future Payment	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contibution	<del></del>
a Paid during the year				
ATTACHMENT 8				
ATTACHMENT 6				
		1		
			1	
			1	
			1	
Total			▶ 3a	27,000
b Approved for future payment				
ATTACHMENT 9				
			1	
			1	
			1	
			1	
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Total				

ter gross amounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
. 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			ļ		
d			ļ		
e	<u> </u>	<u> </u>			
g Fees and contracts from government agencies					
g Fees and contracts from government agencies  Membership dues and assessments					
Interest on savings and temporary cash investments	·		14	151.	<del></del>
Dividends and interest from securities			14	4,293.	
Net rental income or (loss) from real estate:	English Ask	<b>化学的工作的</b>	<b>到了我们</b>	· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property					<del></del>
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory	1		18	-1,852.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b OTHER INCOME			01	476.	
c					
d					
е					
	18 1 Sec.		जीनिक्षित्र कुछी	3,068.	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				<del></del>	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions)  complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	3,068
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions)  complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	3,06
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions)  complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	3,06
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  the worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities are No.  Explain below how each activities the accomplishment of the first substitution of the first substituti	o venfy calcula s to the Ac	tions)  complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	3,068
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to Int XVI-B Relationship of Activities ne No.  Explain below how each activities the accomplishment of the first control of the first	o venfy calcula s to the Ac	tions)  complishment of Ex	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,06
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities ne No.  Explain below how each activities the accomplishment of the first control of the first	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,06
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,06
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,06
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,068
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,068
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,068
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,068
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	o venfy calcula s to the Ac	tions )  complishment of Exch income is reported exempt purposes (of	empt Purp in column ther than I	ooses (e) of Part XVI-A con	3,068

# 72-1528213 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

(a) Line no. (b) Amount involved (c) Name of nonchantable exempt organization N/A  N/A  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 5277  b if "Yes," complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  Under penalties of penjury, I declage that if have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the following schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the following schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the following is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete the following is based on all information of which preparer has any knowledge and self-employed. Signature or officer or trustee  Date  Check if the true of officer or trustee  Date  Check if is true. Preparer's identifying number (Ses Signature on page 30 of the instructions) policy of the instructions) policy of the instructions programmed to the instructions programmed to the instructions policy of the instructions policy of the instructions) policy of the instructions policy of the policy of the state of the instructions policy of the state of the instructions policy of the policy of the policy of the policy of the p		organi Transi (1) C: (2) O Other (1) Si (2) Pi (3) Ri (4) Ri (5) Lc (6) Pi Sharin If the	the organization directly action 501(c) of the Colizations? fers from the reporting four ash	ndation to a none  intable exempt of noncharitable ex nt, or other assernts  membership or fi mailing lists, othe he above is ' assets, or sen	rganization  rganization  rganization  tempt organization  ts  undraising solicitations er assets, or paid emptyes," complete the vices given by the	organizations inization of	or in	Section 527	relating  relating  should undation	to political	. 1a(1) . 1a(2) . 1b(3) . 1b(4) . 1b(5) . 1b(6) . 1c . w the s than	fair t	narket
N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	(a) I	IDE DO	(h) Amount involved	(c) Name of	onchantable evenut orga	anization	(d) De	ecaption of tran	efere trans	actions and sh	anna arra	ngemen	
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	(4)	J/16 110.		(c) Name of	toriciantable exempt orga	arnzation		scription of tran	isiers, transe	acuons, and sn	aring arrai	igemen	
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		-	11/11		· · ·		11/13					_	
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N									<del></del>				
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N								·					
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N										<del></del>			
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N					··· <u>-</u>								
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N			-										
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   No   No   No   No   No   N													
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		la tha	formulation discotly as	andinantia office	4 - d - v. del	<u> </u>			-11		<del> </del>		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Signature of officer or trustee	∠a		•	•	•	•						<u>ه ٦</u>	N 5
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Signature of officer or trustee   Date   Preparer's identifying number (See Signature on page 30 of the instructions) P00379423   Firm's name (or yours)   GRANT THORNTON) ELP   EIN  36-6055558   Signature   See Firm's name (or yours)   APPLETON, WI   S4912-1097   Phone no. 920-968-6700	b				or (c)(s)) or at section	1 3277		• • • • •	• • • • •	• • • • • •	' ب	cs	טוו פ
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    S./3 /		11 163	<del></del>		(b) Type of	organization			(c) Descr	iption of relation	nship		
Signature of officer or trustee  Date  Title  Title  Title  Title  Title  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Signature  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions)  P00379423  EIN   36-6055558  P.O. BOX 1097  APPLETON, WI  S4912-1097 Phone no. 920-968-6700					, , , , , ,	<del>-</del>							
Signature of officer or trustee  Date  Title  Title  Title  Title  Title  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Signature  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions)  P00379423  EIN   36-6055558  P.O. BOX 1097  APPLETON, WI  S4912-1097 Phone no. 920-968-6700													
Signature of officer or trustee  Date  Title  Title  Title  Title  Title  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Signature  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions)  P00379423  EIN   36-6055558  P.O. BOX 1097  APPLETON, WI  S4912-1097 Phone no. 920-968-6700													
Signature of officer or trustee  Date  Title  Title  Title  Title  Title  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Signature  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions)  P00379423  EIN   36-6055558  P.O. BOX 1097  APPLETON, WI  S4912-1097 Phone no. 920-968-6700													
Signature of officer or trustee  Date  Title  Title  Title  Title  Title  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Signature  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions)  P00379423  EIN   36-6055558  P.O. BOX 1097  APPLETON, WI  S4912-1097 Phone no. 920-968-6700													
Signature of officer or trustee  Date  Title  Title  Title  Title  Title  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Signature  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions)  P00379423  EIN   36-6055558  P.O. BOX 1097  APPLETON, WI  S4912-1097 Phone no. 920-968-6700		Under	penalties of penjury, I decla	pe that I have ex	amined this return, included preparer (other than	iding accompar	nying sche	edules and sta	itements, ar	nd to the best	of my k	nowled	ge and
Signature of officer or trustee  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions) Proparer's signature  Firm's name (or yours)  Self-employed), address, and ZIP code  APPLETON, WI  Date  Check if self-employed  Preparer's identifying number (See Signature on page 30 of the instructions) P00379423  EIN  36-6055558  P.O. BOX 1097  APPLETON, WI  54912-1097 Phone no. 920-968-6700		50,101,	C		o. proporor (outer dial)	unpayor or mad		2 1/3		_		,	
Firm's name (or yours is self-employed), address, and ZIP code  Firm's name (or yours is self-employed), address, and ZIP code  GRANT THORNTON LLP  P.O. BOX 1097  APPLETON, WI 54912-1097 Phone no. 920-968-6700		_	27-12 W	NV)			5.7	5,10	1/0	uster			
Firm's name (or yours is self-employed), address, and ZIP code  Firm's name (or yours is self-employed), address, and ZIP code  GRANT THORNTON LLP  P.O. BOX 1097  APPLETON, WI 54912-1097 Phone no. 920-968-6700	윤	Sı	gnaturé of officer or trustee			-	Date	<del>,</del>	Title		<del></del>		
Firm's name (or yours is self-employed), address, and ZIP code  Firm's name (or yours is self-employed), address, and ZIP code  GRANT THORNTON LLP  P.O. BOX 1097  APPLETON, WI 54912-1097 Phone no. 920-968-6700	Ĭ			<i>i 1</i> )	1	Date				□   number (	See Sign	ature o	n
Firm's name (or yours is self-employed), address, and ZIP code  Firm's name (or yours is self-employed), address, and ZIP code  GRANT THORNTON LLP  P.O. BOX 1097  APPLETON, WI 54912-1097 Phone no. 920-968-6700	ē	ارم الج		101 VA	1/00101	5/11	118	self-empl	oyed ►L	page 30 o	the instr	ictions)	
and ZIP code APPLETON, WI 54912-1097 Phone no. 920-968-6700	လ	Pak Par 9 Oi	7 4	ru p	TUO DAITO VILLE D		I IV		Ten				
and ZIP code APPLETON, WI 54912-1097 Phone no. 920-968-6700		- ar	1 ' ' ! /						EIN P	> 30-003	2228	_	<del></del>
ATT BETON, WI 34912 1097   Filohenio. 920 900 0700							5/	4912-100	7 Phono	no 920-	968-6	700	
	1		I	ALL DE				2712 109	Frione	110. JZU-			(2009)

Schedule B

# **Schedule of Contributors**

	OMB No. 1545-0047								
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١									

or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF.		
Name of the organization	n	Employ	er identification number
•	ELS CHARITABLE FOUNDATION		528213
Organization type (c	heck one).		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation	
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1	
	501(c)(3) taxable private foundation		
property) from Special Rules  For a section sections 50	on 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test 9(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a color or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	t of the reç ontribution	gulations under n of the greater
the year, ag	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any oggregate contributions of more than \$1,000 for use exclusively for religious, charitable purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and II	e, scientific	=
the year, co aggregate t year for an applies to tl	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any organization filing Form 990 or 990-EZ that received from any organizations for use exclusively for religious, charitable, etc., purposes, but these contribution more than \$1,000. If this box is checked, enter here the total contributions that were reexclusively religious, charitable, etc., purpose. Do not complete any of the parts unless this organization because it received nonexclusively religious, charitable, etc., contributions rear	outions did eceived du the <b>Ger</b> ons of \$5,0	f not uring the neral Rule
990-EZ, or 990-PF), b	tion that is not covered by the General Rule and/or the Special Rules does not file Scheo out it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of in 1990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990)	its Form 9	90-EZ,
For Privacy Act and Paper	work Reduction Act Notice, see the Instructions Schedule B	(Form 990,	990-EZ, or 990-PF) (2009)

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

Page Name of organization STEVEN R. MICHELS CHARITABLE FOUNDATION Employer identification number 72-1528213 Part I Contributors (see instructions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 STEVEN R. MICHELS Person Payroll 2607 WESTERN AVENUE UNIT 1205 236,300. Noncash (Complete Part II if there is 98121 SEATTLE, WA a noncash contribution.) (b) (c) (d) (a) Type of contribution **Aggregate contributions** No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions Person **Payroll** \$ Noncash (Complete Part II if there is

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

a noncash contribution.)

Name of organization

STEVEN R. MICHELS CHARITABLE FOUNDATION

Employer identification number

72-1528213

a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	10,000 SHARES OF ORACLE	(see instructions)	
1_			
		\$\$	08/31/2009
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
<del></del>		  \$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
n) 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)

#### SCHEDULE D (Form 1041)

# **Capital Gains and Losses**

	OMB No	1545-0092				
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			I	- 1		

	tment of the Treasury al-Revenue Service	► Attach to Form Schedule D (Fo	1041, Form 52 orm 1041) (also	27, or Form 99 for Form 5227	0-T. See the instruct or Form 990-T, if ap	tions for oplicable).		
Name	e of estate or trust					Employer identific	ation nu	ımber
S	TEVEN R. MICH	HELS CHARITABLE FO	OUNDATION			72-1528213	3	
Note	: Form 5227 filers n	eed to complete onlyPa	rts I and II.					
Par	t I Short-Term	Capital Gains and Lo	sses - Assets	Held One Y	ear or Less			· · · · · · · · · · · · · · · · · · ·
	(a) Descripti (Example 100 shares	on of property 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other bat (see page 4 of the instructions)	<b>,</b>   '	Gain or (loss) for the entire year subtract (e) from (d)
1a								
	<u></u>					-		
				· · · · · · · · · · · · · · · · · · ·				
b	Enter the short-terr	m gain or (loss), if any, fro	m Schedule D-1	, line 1b			1b	
2	Short-term capital	gain or (loss) from Forms	4684, 6252, 678	31, and 8824			2	
3	Net short-term gair	or (loss) from partnership	os S cornoratio	ns and other e	states or trusts		3	
4	Short-term capital I	oss carryover. Enter the a	mount, if any, fr	om line 9 of the	2008 Capital Loss		,	·····
5	Not short-term gai	eet	e 1a through 4 :	n column (f) E	ter here and on line	13	4 (	
3		pack	-				5	
Par		apital Gains and Losses	- Assets Held I	More Than One	Year		1	· **= · · · · · ·
		on of property 7% preferred of "Z" Co )	(b) Date acquired (mo., day, yr)	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other bat (see page 4 of the instructions)	,   `	f) Gain or (loss) for the entire year subtract (e) from (d)
6a								
	<del> </del>							
	<u>-</u>				<del></del>	· · · · · · · · · · · · · · · · · · ·		
<del></del> -							-	
b	Enter the long-term	n gain or (loss), if any, fron	n Schedule D-1,	line 6b			6b	-1,852.
7	Long-term capital g	gain or (loss) from Forms 2	2439, 4684, 625	2, 6781, and 88	324		7	
8	Net long-term gain	or (loss) from partnership	s, S corporation	s, and other es	tates or trusts		8	
9	Capital gain distribe	utions					9	
10	Gain from Form 47	97, Part I				1	10	
11	Long-term capital le	oss carryover. Enter the a	mount, if any, from	om line 14 of th	e 2008 Capital Loss	• • • • • • • •	-	
	Carryover Workshe	et					11 (	
12	Net long-term gair	n or (loss). Combine lines	6a through 11 i	n column (f). E	nter here and on line	14a,	12	-1,852.

chedula	D (For	n 1041)	2009

Sche	dule D (Form 1041) 2009				Page 2
Pai	rt III Summary of Parts I and II Caution: Read the instructions before completing this p	nart.	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13	(Josephage cy	3	
14	Net long-term gain or (loss):	<u> </u>	· · · · · · · · · · · · · · · · · · ·		······································
	Total for year	14a			-1,852.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
	28% rate gain	14c			
15	Total net gain or (loss). Combine lines 13 and 14a	15			-1,852.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	n 990-1	, , Part I, line 4a) If lines	14a and 15, column (2	2), are net gains, go
to Pa	art V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete P	art IV a	nd the Capital Loss C	arryover Worksheets	necessary.
Par	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, In	ne 4c, if a trust), the si	maller of:	
а	The loss on line 15, column (3) or b \$3,000			16 (	1,852.)
Note	The loss on line 15, column (3) or b \$3,000  iii If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag  yoveWorksheeton page 7 of the instructions to figure your capital loss carryove	e 1, lin	ie 22 (or Form 990-T, I	ine 34), is a loss, com	olete the Capital Loss
	rt V Tax Computation Using Maximum Capital Gains Rate				
	m 1041 filers. Complete this part only if both lines 14a and 15 in colu		)) are gaine or an ar	mount is antarod in	Part Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			nount is entered in	raili Oi railii ailu
	tion: Skip this part and complete the worksheet on page 8 of the instruct				
<ul> <li>E</li> </ul>	ither 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.				
	m 990-T trusts. Complete this part only if both lines 14a and 15 ar				
	form 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	complete the work	sheet on page 8 of	the instructions if
eitne	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)		5.7	1 de 12 de 1	
	but not less than zero		<b>─</b> │ `		
19	Enter the estate's or trust's qualified dividends		5.43 A	\$ 3. X	
	from Form 1041, line 2b(2) (or enter the qualified		1. No. 2.	[15]	
	dividends included in income in Part I of Form 990-T)			(A. 1)	
20	Add lines 18 and 19			\$ 20 mg	
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0-			200	
22	Subtract line 21 from line 20. If zero or less, enter -0-	• • •	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	• • •	23		
•	F-14b			<b>造</b>	
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.			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	No. Enter the amount from line 23		25		
26	- · · · · · · · · · · · · · · · · ·	• • •	26		
27	Subtract line 25 from line 24	• • •	20		
2.1	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	. 22	27		
	145. Skip lines 27 thru 30, go to line 31	8 22	21		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	6 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
20	Lines the amount from time 20 (if time 20 is blank, enter -0-)	• • •	20		
29	Subtract line 28 from line 27		29	2 mg 1	
30	Multiply line 29 by 15% (.15)	• • •		30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rat			· · · · · · <del>    -  </del>	
٠.	(see the Schedule Ginstructions in the instructions for Form 1041)			1 1	
	(222 and Controlled Controlled and the modeled for 1 offit 1041)				
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rat			· · · · · · <del>                                      </del>	
	(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				
	G, line 1a (or Form 990-T, line 36)		·	1 1	
		• • •			n D (Form 1041) 2009

Schedule D-1 (Form 1041) 2009

Page 2

rt II Long-Term Capital Gains	and Losses - Asse	ts Held More Tha	an One Year	72-152821	
(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 (los: Subtract (e) from
5000.0000 SHS ORACLE	12/23/1998	09/16/2009	109,298.	111,150.	-1,85
					<u> </u>
			. <u></u>		
					<del>.</del>
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CAPITAL GAINS AND LOSSES FOR TAX ON INVES	TRACEIT INCOME
- CAPITAL GAING AND LUGGES FUR TAX DIVINVES	
<u> </u>	

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME								<u> </u>	
Kind of P			Desc	nption		or	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		Gain or (loss)		
109,298.		5000.0000 s 111,150.					12/23/1998 -1,852.	09/16/2009	
OTAL GAIN (LO	oss)			• • • • • • • • • • • • • • • • • • • •	• • • • •		-1,852.		
							:		
							į		

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ATTACHMENT

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF, REVENUE AND EXPENSES PER BOOKS

151.

NET INVESTMENT INCOME

WELLS FARGO

DESCRIPTION

TOTAL

151.

151.

151.

ATTACHMENT 1

MIC52

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

EXPENSES PER BOOKS REVENUE AND DESCRIPTION

748.

INVESTMENT INCOME NET

748.

OPPENHEIMER WELLS FARGO

TOTAL

4,293.

ATTACHMENT 2

- CORPORATE STOCK

FORM 990PF, PART II

ENDING <u>FMV</u>	NONE 298,874. 75,650.	374,524.
ENDING BOOK VALUE	NONE 327,470. 60,757.	388,227.
BEGINNING BOOK VALUE	38,929. 106,047. NONE	144,976.
		TOTALS
DESCRIPTION	BEAR STEARNS WELLS FARGO OPPENHEIMER FUNDS	

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FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	CERS, DIRECTORS, AND TRUSTEES		ATTACE	ATTACHMENT 4	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
STEVEN R. MICHELS 2607 WESTERN AVENUE, UNIT 1205 SEATTLE, WA 98121	TRUSTEE 1.00	NONE	NONE	NONE	
JEANETTE JEFFCOTT 6674 LAKELAND COURT JUPITER, FL 33458	DIRECTOR 1.00	NONE	NONE	NONE	
	GRAND TOTALS	NONE.	NONE	NONE	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SEE STATEMENT 7

.

ATTACHMENT 6

#### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATIONS AVAILABLE FROM WILLIAM T. DWYER HIGH SCHOOL. 13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33418 (561) 625-7800

### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

- 1. RESTRICTED TO GRADUATING SENIORS OF WILLIAM T. DWYER HIGH SCHOOL.
- 2. APPLICANT MUST ENROLL IN A COLLEGE OR UNIVERSITY WITHIN ONE YEAR FROM THE DATE GRANT IS AWARDED.
- 3. APPLICANT MUST MAINTAIN GOOD ACADEMIC STANDING WITH THE COLLEGE OR UNIVERSITY (NO LOWER THAN A "C" AVERAGE).
- 4. APPLICANT MUST ADHERE TO THE COLLEGE OR UNIVERSITY'S CODE OF CONDUCT.
- 5. APPLICANT MUST MEET THE COLLEGE OR UNIVERSITY'S STANDARDS OF ACADEMIC PROGRESS FOR DEGREE SEEKING STUDENTS.

AMOUNT	1,500.	1,500.	1,500.	1,500.	1,500.	5,000.
PURPOSE OF GRANT OR CONTRIBUTION	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES	GENERAL BUDGET
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE N/A	NONE N/A	NONE N/A	NONE N/A	NONE N/A	NONE 501C(3)
RECIPIENT NAME AND ADDRESS	DENNIS HOLLICH 463 ORIOLE LANE JUPITER, EL 33458-3743	AMANDA LUCAS 4347 LINDEN AVE PALM BEACH GARDENS, FL 33410	NATALIE SIEFEL 12083 EASTERLY AVE PALM BEACH GARDENS, FL 33410	SOPHIA ALTENOR 2562 GARDENS PARKWAY PALM BEACH GARDENS, FL 33410	SAMANTHA BUCKLEY 6118 POMPANO ST JUPITER, FL 33458	REBEKAH'S ROUNDUP - JUVENILE DIABETES RESEARCH FUN NEW YORK, NY

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

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
	AND
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT
HELEN J. STEWART SCHOOL	NONE
LAS VEGAS, NV	501C(3)
JUVENILE DIABETES RESEARCH FUND	NONE
NEW YORK, NY	501C(3)
ROGER ROZANSKI	NONE
15394 72ND DRIVE NORTH	N/A
PALM BEACH GARDENS, FL 33418	
BRANDON BINSTEAD	NONE
15324 78TH PLACE NORTH	N/A
LOXAHATCHEE, FL 33470	

5,000.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

GENERAL BUDGET

GENERAL BUDGET

ATTACHMENT 8 (CONT'D)

5,000.

1,500.

COLLEGE TUITION EXPENSES

1,500.

COLLEGE TUITION EXPENSES

1,500.

COLLEGE TUITION EXPENSES

NONE N/A

811 UNIVERSITY BLVD., APT 101

TONI-ANN MILLER

JUPITER, FL 33458

27,000	
TOTAL CONTRIBUTIONS PAID	

# STEVEN R. MICHELS CHARITABLE FOUNDATION

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PAYMENT	
FUTURE	
FOR	
APPROVED	
CONTRIBUTIONS	
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PART	
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AMOUNT						
PURPOSE OF GRANT OR CONTRIBUTION	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSE	COLLEGE TUITION EXPENSES	COLLEGE TUITION EXPENSES
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
	N/A	N/A	N/A	N/A	N/A	N/A
RECIPIENT NAME AND ADDRESS	SAMANTHA BUCKLEY	SOPHIA ALTENOR	DENNIS HOLLICH	AWANDA LUCAS	NATALIE SIEFEL	ROGER ROZANSKI
	6118 POMPANO ST	2562 GARDENS PARKWAY	463 ORIOLE LANE	4347 LINDEN AVE	12083 EASTERLY AVE	15394 72ND DRIVE NORTH
	JUPITER, FL 33458	PALM BEACH GARDENS, FL 33410	JUPITER, FL 33458-3743	PALM BEACH GARDENS, FL 33410	PALM BEACH GARDENS, FL 33410	PALM BEACH GARDENS, FL 33418

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RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 9 (CONT'D)

AMOUNT

15324 78TH PLACE NORTH LOXAHATCHEE, FL 33470 BRANDON BINSTEAD

RECIPIENT NAME AND ADDRESS

N/A

NONE

N/A

811 UNIVERSITY BLVD., APT 101

TONI-ANN MILLER

JUPITER, FL 33458

NONE

COLLEGE TUITION EXPENSES

COLLEGE TUITION EXPENSES

TOTAL CONTRIBUTIONS APPROVED

PAGE 28 ATTACHMENT 9

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#### FEDERAL FOOTNOTES

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

APPLICATIONS ARE MADE AVAILABLE AND SUBMITTTED TO THE WILLIAM T. DWYER HIGH SCHOOL GUIDANCE OFFICE. 13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33418 (561) 625-7800