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990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2009

OMB No. 1545-0052

For	calen	ıdar year 2009, or 1	tax year beginning	, ar	nd ending					
G	Check	all that apply:	☐ Initial return ☐	Initial return of a for	mer public char	rity	Final ret	turn		
			Amended return	Address change	·	me ch				
115	e the	IRS Name of foundati	ion				nployer identification nur	mber		
-	label.	Traine or loanade	HAVENS FOUNDATION		82-6032394					
0	therwi	CAROLD C. I	et (or P.O. box number if mail is not de	elivered to street address) Room/suite			B Telephone number (see page 10 of the instructions)			
	print		·	Roonvsuite			208-756-2111			
	or type					<u> </u>				
	e Spec			ID	00407	1	exemption application is per			
	Chook		on: X Section 501(c)(3) exe		83467	1	Foreign organizations, che	—		
	Section	on 4947(a)(1) none:	xempt charitable trust C	Other taxable private	foundation		Foreign organizations mee check here and attach corr	nputation		
	Fair m	narket value of all as	ssets at end J Accounting r	method: Cash	X Accrual		orivate foundation status wa der section 507(b)(1)(A), cl			
		ir (from Part II, col.	(c). Other (sp	ecify)		1	he foundation is in a 60-mo			
	line 1	6)`▶\$	67.145 (Part I, ∞lumn (d	d) must be on cash bas	is.)		der section 507(b)(1)(B), cl			
Pa	rt I	Analysis of Reven	ue and Expenses (The total of	(a) Revenue and	<u>-</u>			(d) Disbursements		
		amounts in columns (b), ((c), and (d) may not necessarily equal	expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable		
	- 1	the amounts in column (a) (see page 11 of the instructions).)	books	tncome	1	Income	purposes (cash basis only)		
	1	Contributions, gifts, grant	is, etc., received (attach schedule)	3,049						
j			lation is not required to attach Sch. B		الواسلاسال					
25		_	nd temporary cash investments	1		1	1			
Ĩ	4	Dividends and Interes	st from securities	4,128	4	4,128	4,128			
25	5 a	Gross rents				0	0			
3	b	Net rental income or ((loss)0							
n n	6 a	Net gain or (loss) from	n sale of assets not on line 10	-2,685		155				
Révenueum	b	Gross sales price for all a	assets on line 6a 12,395		المناف المناف					
36	7	Capital gain net incon	ne (from Part IV, line 2)			0				
~	8	Net short-term capital	Igain				0			
Œ	9	Income modifications	·							
=	10 a	Gross sales less returns	and allowances 0	特别是对对			The Royal Park St.			
20	b	Less: Cost of goods	sold0							
Ģ	С	Gross profit or (loss)	(attach schedule)	0						
		•	schedule)	0		0	0			
	12	Total. Add lines 1 th	rough 11	4,493		<u>4,129</u>	4,129			
Ø	13	Compensation of office	cers, directors, trustees, etc.	0						
1888	14	Other employee salar	ries and wages							
nec oen			oyee benefits							
EXD	1	Legal fees (attach so		0		0				
	b		ach schedule)	0		0				
슬	_ c	•	es (attach schedule)	0		0	0	0		
<u> </u>	17	Interest			 	- 04	 	ļ <u>-</u>		
윤	18	•	(see page 14 of the instructions)	81		81		0		
Ē	19		schedule) and depletion	0	 	0	¥	A STATE OF THE STA		
b	20	Occupancy Travel, conferences	SECEIVED.							
Q	21				 			 		
ä	22	Printing and publication	ions	<u> </u>	 	0	, c	0		
5	23	Other expenses (atta	muschedule) 2.0 to	<u> </u>	' 		' 	<u>'}</u>		
Ħ	24		l administrative expenses	0.4		04	,			
er	25	Add lines 13 through Contributions, gifts, g	JÖDEN; UT∵ '	81	SERTIM (MEE)	<u>81</u>	At a series in the series of	0		
Operating and Administrative	25	Total expenses and dis	pants part				T	 		
_	1		sbursements. Add lines 24 and 25	81		81 *****		O The State of the		
	27	Subtract line 26 from		4.412				THE STATE OF THE S		
			er expenses and disbursements ome (if negative, enter -0-)	4,412	· 神(本文)(中華)(中華)	₹ UV8	万多多的	WAS ASSESSED OF THE PARTY OF TH		
	J		ne (if negative, enter -0-)			37 37	3	A 5 6 4 7 . 34 5 4 5 4 5 4 5		
		· mjastea tiet moom	- / a a a a a a a a a a a a a a a a	The professional profession of the profession of	The managed of the same of		1 4.129	刀足 ・ご はぎずら		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the Instructions.

Form 990-PF (2009)

Par	111	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
r an	9 112	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash—non-interest-bearing	201	153	153
- 1	2	Savings and temporary cash investments	2,973	3,196	3,196
	3	Accounts receivable ▶ 0			
	•	Less; allowance for doubtful accounts	0	0	0
l		2000. dilovarioo for doubtral doubtries			
l	4	1,00900,000,000			
- 1		Less: allowance for doubtful accounts	0	0	<u> </u>
	5	Grants receivable			
ļ	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons (attach schedule) (see page 15 of the	^	_	^
ı	_	instructions)			
	7				
श्च		Less: allowance for doubtful accounts	0	0	
Assets	8	***************************************			
\S	9	Prepaid expenses and deferred charges			
	10	a Investments—U.S. and state government obligations (attach schedule)	10,000		
		b Investments—corporate stock (attach schedule)	46,288	52,578	34,728
		c Investments—corporate bonds (attach schedule)	24,906	19,632	19,421
	11			(27 to 18 18 (2 kg	
ŀ	- •	Less: accumulated depreciation (attach schedule)	0	0	0
	12				
	13		0	0	0
1	14	_		\$44.00 E	10.00 Sept. 10.00
	14		0	0	0
			0		——— <u> </u>
1	15	***************************************		· · · · · ·	<u> </u>
	16	•		05.550	07.445
		Instructions. Also, see page 1, Item I)	84,368		CONTROL BOOKERS AND ADDRESS OF THE PROPERTY OF THE PARTY
	17	• •	242		
တ	18	Grants payable	3,048		
Liabilities	19	Deferred revenue		0	
	20	Loans from officers, directors, trustees, and other disqualified persons	C	0	
ap	21	Mortgages and other notes payable (attach schedule)		0	
	22	2 Other liabilities (describe ▶)	C	0	
	23		3,301	3,307	
		. 🗖		<u> </u>	
တ		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	ļ		
ces	24	•			
ᇜ	-			 	
32	2			 	
P	20			 	
Ě	1	•			
Ē	l	and complete lines 27 through 31.	04.00	90.05	
Net Assets or Fund Bala	2	• • • • • • • • • • • • • • • • • • • •	81,067	82,252	
ţ	2			ļ	
Se	2			 	
A	3	· · · · · · · · · · · · · · · · · · ·			
et	l	instructions)	81,067	82,252	4.2.2.2.4.4
Z	3			1	
		of the Instructions)	84,368	85,559	
Pa	rt l	Analysis of Changes in Net Assets or Fund Balances			
1		tal net assets or fund balances at beginning of year-Part II, column (a), line		1	
		d-of-year figure reported on prior year's return)			81,067
2		ter amount from Part I, line 27a			4,412
3		ner increases not included in line 2 (itemize)			0
4	Ad	d lines 1, 2, and 3		4	85,479
5		creases not included in line 2 (itemize) ► See Attached Statement		E	3,227
-		tal net assets or fund balances at end of year (line 4 minus line 5)—Part ii,			82,252
					J 02,202

	HAVENS FOUNDATION	·· <u>·</u>				82-6	032394	Page 3
Part IV Capital Gains and	Losses for Tax on Inve	stme	nt Incor					
• •	ind(s) of property sold (e.g., real esta or common stock, 200 shs. MLC Co			(b) How acquired P—Purchase D—Donation		eate acquired o , day, yr.)	(d) Date (mo., da	
1a CITIGROUP NOTE			-	Р		10/17/2002	7/	27/2009
b JOHN HANCOCK SIG NOTE				P		2/14/2006		15/2009
C				·		21172000		10/2003
d	······································							
								
e (e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale		(h) Gain (• •	
			pius expe			(e) plus (f)	minus (g)	
_a 2,395	0			5,225				<u>-2,830</u>
b 10,000	0			9,855				<u>145</u>
<u>c</u> 0	0			0				0
<u>d</u> 0	0			0				0
<u>e</u> 0	0			0				0
Complete only for assets showing	ng gain in column (h) and owned	d by the	foundation	on on 12/31/69		(I) Gains (Col. (h) gain minu	s
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Exce	ss of col. (i) I. (j), if any		col. (k), but not k Losses (from	ess than -0-)	
a 0	0			0				-2,830
b 0	0			0				145
c 0	0			0				0
d 0	0			0	_	··· · · · · · ·		0
				0				
<u>e</u> 0,	() (=================================	-1	too in De	art I, line 7	╫			
2 Capital gain net income or (3 Net short-term capital gain or	net capital loss) { If (loss),	enter	-0- in Pa	rt I, line 7	2			-2,685
If gain, also enter in Part I, li instructions). If (loss), enter	ne 8, column (c) (see pages	13 an		the }	3			0
Part V Qualification Unde					ont In	come		<u> </u>
(For optional use by domestic p		•						
If section 4940(d)(2) applies, lead Was the foundation liable for the If "Yes," the foundation does no	e section 4942 tax on the dist qualify under section 4940	(e). Do	not con	plete this part.				
1 Enter the appropriate amo	unt in each column for each	year,	see page	e 18 of the instruc	Zions i	before making		es. ———
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	ons	Net value	(c) of noncharitable-use	assets		(d) bution ratio vided by col.	(c))
2008		3,918		6	3,783	100107.0.		0.061427
2007		4,045			7,291			0.052335
2006		2,820			2,869			0.034030
2005		3,775			8,361			0.064684
2004	<u> </u>	<u>3,841</u>	L		6,823			<u>0.049998</u>
2 Total of line 1, column (d)						2		<u>0.262474</u>
3 Average distribution ratio fo the number of years the four	•			•	-	3		<u>0.052495</u>
4 Enter the net value of noncl	naritable-use assets for 2009	9 from	Part X, I	ine 5		4	····	66,140
5 Multiply line 4 by line 3						5		3,472
6 Enter 1% of net investment	income (1% of Part I, line 2	7b) .			.	6		40
7 Add lines 5 and 6						7		3,512
8 Enter qualifying distribution						8 200 tusing a 19	V 40 4 made	3,226
the Part VI instructions on p	er than line 7, check the box page 18.	ın Par	t vi, iine	iu, and complete	ະ ທາສເ	Dart using a 19	o lax rate	. See

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instru	ctions)					
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	19 3						
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	4	4					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ▶ ☐ 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)		1					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0					
3	Add lines 1 and 2		81					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0		81					
6	Credits/Payments:		1000					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0	100						
b	Exempt foreign organizations—tax withheld at source							
C	Tax paid with application for extension of time to file (Form 8868) 6c 0	¥ 20 ()						
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d		0					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		81					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0					
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 0 Refunded ▶ 11		0					
Pa	t VII-A Statements Regarding Activities							
		经数 Y	es No					
•	participate or intervene in any political campaign?	1a						
Ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the							
_	instructions for definition)?	1ь	1					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	200						
	published or distributed by the foundation in connection with the activities.							
	Did the foundation file Form 1120-POL for this year?	1c	X					
	Enter the amount (if any) of tax on political expenditures (section 4955) Imposed during the year:							
`	(1) On the foundation. \$\begin{align*} \text{0 \text{ foundation managers.}} \text{5 \text{ foundation managers.}} \text{5 \text{ foundation managers.}} \qquad \qq \qquad							
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
•	on foundation managers. \blacktriangleright \$ 0							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X					
~	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in Its governing instrument, articles							
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X					
A ·	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	$\frac{\hat{x}}{x}$					
	o If "Yes." has it filed a tax return on Form 990-T for this year?	_	VAI X					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	~~~					
J	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:							
J	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions							
	that conflict with the state law remain in the governing instrument?	6	X					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	$\frac{x}{x}$					
•	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	224						
0	Instructions) ► ID							
1	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney							
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b						
0								
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	SECTION AND ADDRESS OF THE PARTY OF THE PART	28-15-160					
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?	9	\ \ \					
40	If "Yes," complete Part XIV		X					
10	•		_					
	their names and addresses	10	X_					
_			PF (2009)					

om	990-PF (2009) HAROLD C. HAVENS FOUNDATION 82-603	2394	Page 5
ar	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11	×
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
	Website address ► N/A		
14	The books are in care of ► H. DENNIS HAVENS CPA Telephone no. ► (208) 756-2	111	
	Located at ► 1107 MAIN STREET SALMON ID ZIP+4 ► 83467		<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		· ▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	機数 Y	es 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?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	A.	
	(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		
þ			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b 1	VA X
	Organizations relying on a current notice regarding disaster assistance check here		
С		40	
_	that were not corrected before the first day of the tax year beginning in 2009?	1c	
2	Taxes on fallure 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			
	and 6e, Part XIII) for tax year(s) beginning before 2009?		
L	If "Yes," list the years 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	N/A
c			DE NO
•	▶ 20 , 20 , 20 , 20		
За			
	enterprise at any time during the year?		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation		
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		
	if the foundation had excess business holdings in 2009.)		N/A X
4a	Did the foundation invest during the year any amount in a manner that would Jeopardize its charitable purposes?	4a	X
b			经 近心
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

	rt VII-B Statements Regarding Activitie	s for Which Form	4/20 May Be Re	equirea (continuea)				
	During the year did the foundation pay or incur any							
	(1) Carry on propaganda, or otherwise attempt to	influence legislation (s	section 4945(e))? .	Yes X	No l			
	(2) Influence the outcome of any specific public e							
	on, directly or indirectly, any voter registration			· · · · Yes X	No State of the st			
	(3) Provide a grant to an individual for travel, stud	dy, or other similar purp	oses?	<u>Yes X</u>	No No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes X No							
	(5) Provide for any purpose other than religious,							
educational purposes, or for the prevention of cruelty to children or animals? Yes X No								
b	If any answer is "Yes" to 5a(1)-(5), did any of the tr				2924			
	Regulations section 53.4945 or in a current notice r				5b N/A			
	Organizations relying on a current notice regarding			▶ ∟				
C	If the answer is "Yes" to question 5a(4), does the fo	oundation claim exemp	tion from the					
	tax because it maintained expenditure responsibility if "Yes," attach the statement required by Regulation			Yes X] No			
6a	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?	nds, directly or indirectly		· · · · Yes X	No P			
b	Did the foundation, during the year, pay premiums,				6b X			
	If "Yes" to 6b, file Form 8870.			. –				
	At any time during the tax year, was the foundation				No Man Add Second			
_b	If yes, did the foundation receive any proceeds or h				7b X			
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly Pa	ld Employees,			
	and Contractors		 					
_1	List all officers, directors, trustees, founda	ation managers and	their compensat	ion (see page 22 of the	instructions).			
	(-) Norman and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense account,			
	(a) Name and address	hours per week devoted to position	(ii not paid, enter -0-)	and deferred compensation	other allowances			
NO	DNE							
		.00	0	(0			
	.00 0 0							
		.00			<u> </u>			
_		.00			<u>, </u>			
		.00	0		0			
			0					
	Compensation of five highest-paid emplo	.00 .00.	0		0 0			
	Compensation of five highest-paid employ	.00 .00.	0		0 0			
	Compensation of five highest-paid employ	.00 .00 yees (other than the	0 ose included on li	ne 1—see page 23 of the	0 0 0 e Instructions).			
	If none, enter "NONE."	.00 .00 yees (other than the	0 ose included on li	ne 1—see page 23 of the	0 0 0 e Instructions).			
		.00 .00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ne 1—see page 23 of the	0 0 0 e Instructions).			
(a	If none, enter "NONE."	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
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(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
(a	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the	Ose included on li	ine 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	0 0 0 e Instructions).			
	If none, enter "NONE." a) Name and address of each employee paid more than \$50,	.00 yees (other than the control of	Ose included on li	(d) Contributions to employee benefit plans and deferred compensation	0 0 0 e Instructions). (e) Expense account, other allowances			

HAROLD C. HAVENS FOUNDATION		52-0032394 Page 1
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If none, ente	r "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(-, -),-	
110115		^
		0
		_
		0
		0
		0
		0
Total		
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	· · · · • <u>0</u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficiaries served, conferences convened, research p		Expenses
1 DIRECT DONATIONS TO ORGANIZATIONS FOR USE IN THEIR GEN	IERAL UNRESTRICTED ACTIVITIES	
, SCHOLARSHIP FUNDS, OR PROSELYTING ACTIVITES		i
100110Dakoliii 101001,0K1 1000E11IIIO A01111IE		
2		
4		
	***************************************	i
_ 		
3	***************************************	
•••••••••••••	***************************************	
4		
Part IX-B Summary of Program-Related Investments (see page	e 24 of the instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax ye		Amount
	an artifica i dina z.	Arioditt
1 NONE		
		
2		
		ļ
All other program-related investments. See page 24 of the instructions.		
3		1
••••••••••••••••••••••••) 0
Total. Add lines 1 through 3		0
TOTAL MUUTINGS TUITOUGH 3	<u> </u>	1 U

Form 990-PF (2009)

5

6

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

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

3,226

• Form 9	90-PF (2009) HAROLD C. HAVENS FOUNDATIO	N		82-6	032394 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	A WAS SELECT			3,226
2	Undistributed Income, if any, as of the end of 2009:				
а	Enter amount for 2008 only			0	
b	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, If any, to 2009:				
а	From 2004			CATE	24.36
b	From 2005				-
C	From 2006				
đ	From 2007				
е	From 2008	THE WORLD WING			
. 1	Total of lines 3a through e	U			
4	Qualifying distributions for 2009 from Part				
_	XII, line 4: \$ 3,226 Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
D	(Election required—see page 26 of the instructions) .		0		
c	Treated as distributions out of corpus (Election	Contract was to mentioned with the second			
•	required—see page 26 of the Instructions)	0			
d	Applied to 2009 distributable amount				3.226
e	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2009	0			0
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
. 9	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3			
b	Prior years' undistributed income. Subtract	12.4 March 11. 11. 11. 11. 11. 11. 11. 11. 11. 11			
_	line 4b from line 2b		O		
c	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				
e	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount—see page 27 of the			2	
-	Instructions				
f	Undistributed income for 2009. Subtract				iner.
	lines 4d and 5 from line 1. This amount must				3
7	be distributed in 2010	Estadouis Sharatalana (12)			U Company
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of	1			100
	the instructions)				
8	Excess distributions carryover from 2004				
•	not applied on line 5 or line 7 (see page 27 of the				
	Instructions)		0		THE STATE OF STREET
9	Excess distributions carryover to 2010.			THE SECOND	
	Subtract lines 7 and 8 from line 6a				ETRICATION SE
10	Analysis of line 9:	200			
а	Excess from 2005	0			
b	2,0000	0			
C		<u> </u>			
d		의			
е	Excess from 2009	O THE CENTER OF THE	以外的数据的数据	The state of the s	10000000000000000000000000000000000000

Cappicinental			
and Contribut		- Annroyed	for Euters

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
Paid during the year				
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		1		
		[
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	}			
		}		
Total		⊥	▶ 3a	
Approved for future payment		<u> </u>	T	
y Scouts of America-Teton Peaks Council			CENEDAL CURRORT EL	
4 4th Street Idaho Falls ID 83401 mhi Ward LDS Church	none		GENERAL SUPPORT FU	
823 Union Avenue Salmon ID 83467	none		General Missionary Supp	1,
almon Ward LDS Church O South Daisy Street Salmon ID 83467	none		General Missionary Supp	
almon High School - Drama Club			1	
o 823 Union Avenue Salmon ID 83467 OS Church-Micro Loan Lending Fund	none		Fund for Performance Su	
b 823 Union Avenue Salmon ID 83467	none		Endowment for Lending	
eele Memorial Foundation				
3 So Daisy Street Salmon ID 83467	none		Hospital Support Founda	
			}	
)	
			1	
Total	<u>_ l </u>	<u> </u>	▶ 3b	3,

Form 990-PF (2009) HAR HAROLD C. HAVENS FOUNDATION

	Analysis of income-Producing Activ					
Enter an	oss amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
-	ram service revenue:				0	the instructions.)
			0		0	
			0		0	0
		[0		0	<u>_</u>
			0		0	
e _			0		0	
T			<u>.</u>			0
_	ees and contracts from government agencies					
	bership dues and assessments			14	1	<u> </u>
	est on savings and temporary cash investments	-		14	4,128	
	ends and interest from securities		S. Charles and S.	14	4,120	
	rental income or (loss) from real estate:					
	bebt-financed property		 			
	lot debt-financed property					
	rental income or (loss) from personal property			18	-2,685	
	r investment income			10	-2,065	
	ncome or (loss) from special events	·····			-	
	recome or (loss) from sales of inventory			 		
	• • •	} 	0		0	0
	r revenue: a	}	0		Ö	
_					0	
с -			0		0	
e e			t - 6		0	
	otal. Add columns (b), (d), and (e)	CONCRETE M			1,444	
	I. Add line 12, columns (b), (d), and (e)			1- 2000 200 300 300 300	·	1,444
(See wor				-		
	ksheet in line 13 Instructions on page 28 to verify calcu	ulations.)				
	ksheet in line 13 Instructions on page 28 to verify calcovers. VI-B Relationship of Activities to the Acc	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	ksheet in line 13 Instructions on page 28 to verify calcovered Relationship of Activities to the According Explain below how each activity for which income	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	.,,,,,
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
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Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
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Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
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Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
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Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
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Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	
Part X	Ksheet in line 13 Instructions on page 28 to verify calca VI-B Relationship of Activities to the Acco. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	ulations.) complishment e is reported in col	of Exempt P	urposes VI-A contributed i	mportantly to	

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

H. Dennis Havens CPA

1107 Main Street, Salmon, ID 83467

Form	990-PF	(2009) HAROLD C.	HAVENS FOU	INDATION					82-603239	94	Page 13
Par	t XVII	•	•	fers To and Tra	insactions a	nd Rela	ationships	With No	oncharital	ble	
		Exempt Organiza					<u> </u>			,	
	in sect	organization directly ion 501(c) of the Code zations?									es No
		ers from the reporting							F.		
		ısh her assets							_	a(1) a(2)	$\frac{X}{X}$
	• •	transactions:								a(Z)	
	(1) Sa	les of assets to a non-	charitable exer	npt organization						b(1)	X
		rchases of assets fror								b(2)	X
		ental of facilities, equip								(3)	<u> </u>
		imbursement arrange								lb(4)	X
		ans or loan guarantee								1b(5)	 X
		erformance of services g of facilities, equipme		•					-	1b(6)	X
		nswer to any of the al							_		
	value i	of the goods, other as n any transaction or s	sets, or service haring arrange	es given by the rep ment, show in col	oorting foundat umn (d) the va	ion. If the	e foundation e goods, oth	received ner asset	less than s, or service	fair mark es rec	arket eived.
(a) l	Line no.	(b) Amount involved		noncharitable exempt	organization	(d) Des	cription of transf	ers, transac	tions, and sha	ring arra	ngements
		0				ļ	 				
		0									
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		<u> </u>	1		·	 					
		(
			<u> </u>			J					
	descri	foundation directly or bed in section 501(c) s," complete the follow	of the Code (of					nizations	. 🔲 Y	es 🔀	No
		(a) Name of organization		(b) Type	of organization		(c)	Description	of relationshi	P	
											
_			~				l				
											
	Und belie	er penalties of pertury, I decl of, It is true, correct, and com	are that I have examplete. Declaration of	mined this return, included preparer (other than the	axpayer or fiduciar	y) is based	and statements on all information	on of which	preparer has a	owledge any know	and redge.
<u>r</u>	Si	gnature of officer or trustee	· · · · ·		Di	ate	<u>~~10</u>	Title			
ın Here			AL M	·	Date		Check if		Preparer's Id		

page 30 of the instructions)

Check if

5/17/2010

self-employed ►X

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization		-	Employer Identification number
HAROLD C. HAVENS FOUN	IDATION		82-6032394
Organization type (check o			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (ente	er number) organization	
	4947(a)(1) nonexem	pt charitable trust not treated as a private	foundation
	527 political organiz	ation	
Form 990-PF	∑ 501(c)(3) exempt pri	ivate foundation	
	4947(a)(1) nonexem	pt charitable trust treated as a private fou	ndation
	501(c)(3) taxable pri	ivate foundation	
Check if your organization is Note . Only a section 501(c) instructions.	=	Rule or a Special Rule. n can check boxes for both the General R	tule and a Special Rule. See
General Rule			
	iling Form 990, 990-EZ, o ne contributor. Complete F	r 990-PF that received, during the year, \$5 Parts I and II.	5,000 or more (in money or
Special Rules			
sections 509(a)(1) a	nd 170(b)(1)(A)(vi), and re	n 990 or 990-EZ that met the 33 1/3 % sup ceived from any one contributor, during th rm 990, Part VIII, line 1h or (ii) Form 990-	ne year, a contribution of the greater
the year, aggregate	contributions of more than	on filing Form 990 or 990-EZ that received \$1,000 for use exclusively for religious, on the total the complete Parts to children or animals. Complete Parts	charitable, scientific, literary, or
the year, contribution aggregate to more the year for an exclusive applies to this organ	ns for use exclusively for in an \$1,000. If this box is coly religious, charitable, et ization because it received	on filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but the hecked, enter here the total contributions c., purpose. Do not complete any of the part of the p	ese contributions did not that were received during the arts unless the General Rule , contributions of \$5,000 or more
990-EZ, or 990-PF), but it m	ust answer "No" on Part I	eneral Rule and/or the Special Rules does V, line 2 of its Form 990, or check the box not meet the filing requirements of Schedu	c on line H of its Form 990-EZ,

Foreign State or Province:
Foreign Country:

Maria	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part
	organization C. HAVENS FOUNDATION		Employer identification number 82-6032394
Part I	Contributors (see instructions)		<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Kyle Andersen c/o P O Box 549 Dillon MT 59725 Foreign State or Province: Foreign Country:	\$3,007	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Dennis Havens 1107 Main Street Salmon ID 83467 Foreign State or Province. Foreign Country:	\$42	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
4	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5	Foreign State or Province:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
——(a)	Foreign Country: (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6			Person

(Complete Part II if there is a noncash contribution)

Payroll Noncash Name of organization
HAROLD C. HAVENS FOUNDATION

Employer Identification number 82-6032394

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Van Kampen Equity & Income Fund Class A Shares 385 Shares - Mutual Fund Stock	\$ 3,007	12/4/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$42	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$0	

	Form 990, 990-EZ, or 990-PF) (2009)			Page I of I of Part III							
	rganization			Employer identification number							
Part III	C. HAVENS FOUNDATION Exclusively religious, charitable, etc., in		ibutions to section 501	82-6032394							
- all III	aggregating more than \$1,000 for the year										
	For organizations completing Part III, ente	*		•							
	contributions of \$1,000 or less for the year										
(a) No.	CONTRIBUTION OF THOSE OF THOSE FOR THE YOU		made of our or our	42							
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held							
Faiti	General Fund - for use of	Applied to G	eneral Fund	Co-mingled in Licensed							
	the Foundation for it's			Brokerage Account							
	authorized purposes										
		(e) T	ransfer of gift								
	Transferee's name, address, and	ZIP + 4		nip of transferor to transferee							
			None								
	Par David										
(a) No.	For. Prov. Country	T		T							
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held							
Part I											
			•••••								
		••••••									
	(e) Transfer of gift										
	Transferee's name, address, and	ZIP + 4	Relationsh	Relationship of transferor to transferee							
(a) Na	For. Prov. Country			(d) Departure of hours of the Late							
(a) No. from	(b) Purpose of gift	(c)	(c) Use of gift (d) Description of how gift is								
Part I	() ()	``) Use of gift (d) Description of now gift is no								
		(e) T	ransfer of gift								
		(-,	•								
	Transferee's name, address, and	ZIP + 4	Relationsh	Relationship of transferor to transferee							
			Relationship of transferor to transferee								
(a) N =	For. Prov. Country	1	<u></u>	y							
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held							
Part I	(1)			(1)							
	/										
		(a) T	ransfer of gift								
		(6) 1	andio or gill								
	Transferee's name, address, and	7IP + 4	Relationet	nip of transferor to transferee							
	Transisted o frame, availess, and		- I COLOTION	in or delicioror to delicioles							
	For. ProvCountry										

ntory
Fhan Inver
·Thar
Other T
f Assets
0
/Loss from Sale
/Loss
- Gain
(990-PF)
9 (99)
Line

Line 18 (990-PF) - Taxes

		81	81	0	
		Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	Purposes
1	Real estate tax not included in line 20				
7	Tax on investment income	81	81		
3	Income tax				
4					
2					
9					
7					
8					
6					
10					

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

		10,000	- 1	ı	9,647		
		Book Value	Book Value	FMV	FM<	Ĕ	Check "X" if State/
	Description	Beg. of Year	Endo	Beg. of Year	End of Year	Obligation	Local Obligation
1	FEDERAL HOME LOAN MTG 5.5%	10,000	10,000	6,997	9,647	×	
7							
3							
4							
2							
9							
7							
8							
6							
10							
11							
12							
13							
14							
15							
16							
17							

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

			46,288	52,578	24,686	34,728
		Num. Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of Year
1	IDA CORP	300	9,775	9,775	906'9	6,585
7	IDEARC INC	12			1	0
က	BANK OF AMERICA	225	10,080	10,080	1,652	1,651
4	VERIZON COMM	244	7,374	7,374	7,564	7,392
5	WASHINGTON MUTUAL INC	100	3,985	3,985	2	14
9	HEALTH CARE REIT INC	100	2,756	2,756	3,002	3,594
7	HYPERION MUTUAL FUND	1,000	12,318	12,318	5,557	5,863
ھ	FAIRPOINT COMM INC	4	0	0	2	1
6	CENTURYTEL INC	100	0	3,283	0	3,621
10	VAN KAMPEN EQTY & INC MUTUAL FUND	382	0	3,007	0	3,007
11						
12						
13						
14						
15						
16						
17						

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

			:	24,906		20,373	19,421
		Interest	Maturity	Book Value	Book Value	FMV	FM<
	Description	Rate	Date	Beg. of Year	End of Year	Beg. of Year	End of Year
	CITIGROUP SENIOR NOTE	7.75%	4/2/2012	5,225	0	3,433	
	J HANCOCK INS 5.65% NOTE	2.65%	1/15/2009	9,855	0	10,008	
	GE CAPITAL CORP NOTE	2.88%	1	9,826	9,826	6,932	9,259
	METLIFE NOTE 5%	2.00%		0	908'6	0	10,162
_							
			,				
_							

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 5 - Decreases not included in Part III, Line 2

1 2	GRANTS PAYABLE ROUNDING			1 2	3,226
3	Total	 	<u> </u>	 . 3	3,227

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HAROLD C HAVENS FOUNDATION

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

					_,			_		_,					
	•	-2,685	Gains Minus Excess	of FMV Over Adjusted	Basis or Losses	-2,830	145	٠	٥	0		9	9	0	0
		0		Excess of FMV	Over Adj Basis	0	0	0	0	0	0	0	0	0	0
		0	Adjusted Basis	as of	12/31/69										
		0	FMV	as of	12/31/69										
		-2,685		Gain or		-2,830	145	0	0	o	0	0	0	٥	0
		15,080	Cost or Other	Basis Plus	Expense of Sale	5,225	9,855	0	0	0	0	0	0	0	0
		0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0	0
		12,395	Gross	Sales	Price	2,395	10,000	0	0	0	0	0	0	0	0
		Totals		Date	Sold	7/27/2009	1/15/2009								
				Date	Acquired Acquired	10/17/2002 7/27/2009	2/14/2006 1/15/2009								
í	0	ō		How	Acquired	٥	а								
Amount					CUSIP #	125581AB4									
•	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	CITIGROUP NOTE	JOHN HANCOCK SIG NOTE								
			L	_	_	_	7	ຼິ	4	ြိ	ြိ	_	8	6	10