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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Ford	calenda	ar year 2009, or tax year beginning , a	and ending					
GC	heck a	Il that apply Initial return Initial ret	urn of a former public o	harity			Final return	
		Amended return Add	ress change	$\prod N$	lame	change		
	the IR: abel.	Name of foundation				A Emp	ber	
	erwise	WILLIAM S OLSON MEMORIAL F	B Teler	0 of the instructions)				
	orint	Number and street (or P O box number if mail is not delivered	to street address)	Room/su	nte			
or	type.	5165 BRECKENRIDGE DRIVE				C If exe	emption application is pend	ing, check here 🕨 🔲
See	Specifi	ony or town, state, and an second				D 1. Fo	oreign organizations, check	here 🕨 📙
Instr	uction		45247			2 Fc	oreign organizations meetir	ng the
HС	heck ty	$\sqrt{pe}$ of organization $X$ Section 501(c)(3) exempt private				85	5% test, check here and att	ach computation 🕨 🔝
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation				rate foundation status was	<b>L</b> 1 1
I Fa	air mark	tet value of all assets at end J Accounting method	X Cash Acci	ual		section	on 507(b)(1)(A), check here	
		rom Part II, col (c), Other (specify)					foundation is in a 60-mont	► I I
	ie 16) 🕨					unde	r section 507(b)(1)(B), che	
₽€	art I	Analysis of Revenue and Expenses (The	(a) Revenue and expenses per	(b) N	det inv	estment/	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions) )	books	(5)	inco		ıncome	purposes
	1 .		56 012					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	56,012					
	2	Check X if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments Dividends and interest from securities						
	4 5a	Gross rents						
	b	Net rental income or (loss)		······································				
<u>n</u>	6a	Net gain or (loss) from sale of assets not on line 10	<u></u>			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************
Je J	b	Gross sales price for all assets on line 6a	· · · · · · · · · · · · · · · · · · ·					
Revenue	7	Capital gain net income (from Part IV, line 2)				0		
<u>.                                    </u>	8	Net short-term capital gain					0	
	9	Income modifications	• • • • • • • • • • • • • • • • • • •	-	********	***************************************		-
	10a	Gross sales less returns & allowance VED						
	ь	Less Cost of about sold						
	С	Gross profit or (1635) (attagh schedule) Other income (attach schedule) Total. Add lines 1 through 11						<u></u>
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	56,012			0	0	
10	13	Compensation of officers directors trustees, etc						
penses	14	Other employee salaries and wages						<u> </u>
eu	15	Pension plans, employee benefits						
Exp	16a	Legal fees (attach schedule)	ļ					
<b>⊚</b> •	b	Accounting fees (attach schedule)		<b></b>			<del> </del>	
2010 rative	C	Other professional fees (attach schedule)					<u> </u>	<del></del>
tra	17	Interest						·-
JN 2 9 201 dministrativ	18	Taxes (attach schedule) (see page 14 of the instructions)		_			<del> </del>	
Ē	19	Depreciation (attach schedule) and depletion				·		<u> </u>
Adm	20	Occupancy		<del> </del>		<del> </del>	<del>                                     </del>	<del>                                     </del>
	21	Travel, conferences, and meetings				<del></del>	<del> </del>	
ED and	22	Printing and publications Other expenses (att. sch.) STMT 1	30,628			<u> </u>		30,628
<b>3 6 1</b>	23	Other expenses (att. sch) STMT 1  Total operating and administrative expenses.	30,028				-	35,325
AR ati	24	Add lines 13 through 23	30,628			c		30,628
SCANNED Operating and	25	Contributions, gifts, grants paid	29,676					29,676
gy o	25	Total expenses and disbursements. Add lines 24 and 25	60,304					
	27	Subtract line 26 from line 12:	35,500	<u> </u>		·······	1	
	a a	Excess of revenue over expenses and disbursements	-4,292					
	Б	Net investment income (if negative, enter -0-)	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	6	Adjusted net income (if negative, enter -0-)						

	Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.		:
27	Capital stock, trust principal, or current funds		
28	Paid-in or capital surplus, or land, bldg, 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)	7,549	3,257
31	Total liabilities and net assets/fund balances (see page 17		

Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with 7,549 end-of-year figure reported on prior year's return) 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 3 3.257 4 Add lines 1, 2, and 3 4 5

5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Form 990-PF (2009)

3,257

4,657

6

7,549

of the instructions)

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation		acquired lay, yr)	(d) Date sold (mo , day, yr )
1a N/A						
b						
c			<u> </u>			
d						
е					<del></del>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			or (loss) ) minus (g)
а		<del></del>				
b		<del></del>				<del></del>
<u> </u>			<del>.</del>		<u> </u>	
<u>d</u> ө						
	gain in column (h) and owned by the foul	ndation on 12/31/69	9		Cause (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (i) ol (j), if any		(k), but not	less than -0-) or om col (h))
	85 01 123 1103	000.	Or (j), ii dilly		<u> </u>	
a				<u> </u>		
b c		·				
d						·
8						
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in			2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)					
	column (c) (see pages 13 and 17 of the ir	structions)				
If (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·			3		
Part V Qualification U	nder Section 4940(e) for Reduc	<u>ed Tax on Net</u>	Investment Inco	ne		
(For optional use by domestic private	foundations subject to the section 4940(a	) tax on net investn	nent income)			
If section 4940(d)(2) applies, leave the	is part blank					
Mac the foundation liable for the sect	ion 4942 tax on the distributable amount o	fany vear in the ha	ase period?	es X N	0	
	ify under section 4940(e) Do not complete		ise period		•	
	each column for each year, see page 18 o	<u> </u>	efore making any entrie			
(a)	· · · · · · · · · · · · · · · · · · ·	Title illistractions of	(c)	<del>"</del>		(d)
Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ns Net vali	ue of nonchantable-use as:	sets		ribution ratio divided by col. (c))
2008		,792	5.	778	(00) (0) (	10.002077
2007		,051		283		2.069774
2006		,690		542		1.882958
2005		,318		398		1.437298
2004		,438	3,	636		12.771727
2 Total of line 1, column (d)				2		28.163834
3 Average distribution ratio for the	5-year base period—divide the total on line	e 2 by 5, or by the			1	
number of years the foundation h	as been in existence if less than 5 years			3		5.632767
4 Enter the net value of noncharital	ble-use assets for 2009 from Part X, line 5	·		4		6,011
						22 050
5 Multiply line 4 by line 3				5		33,859
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6		
- A118 5 20						33 050
7 Add lines 5 and 6				7	<del></del>	33,859
9 Enter qualifying distributions form	Port VII. line 4			8		60,304
8 Enter qualifying distributions from		and complete that a	and licing a 10% toy rate			00,504
Part VI instructions on page 18	n line 7, check the box in Part VI, line 1b, a	and complete that p	an using a 176 tax fate	See ine		
Fait vi instructions on page 10		·.	<del></del>			5 990 PE (2000)

Form	990-PF (2009) WILLIAM S OLSON MEMORIAL FOUNDATION 87-0700835			Pa	ge <b>4</b>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	s)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	_		Yes	No
	participate or intervene in any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			İ	
	of the instructions for definition)?	1	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ŀ		Ì	
	published or distributed by the foundation in connection with the activities			Ì	
С	Did the foundation file Form 1120-POL for this year?	<u> </u>	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ţ		- 1	
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$			- 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•	1	- 1	
	on foundation managers > \$	-		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>	2		<u> </u>
	If "Yes," attach a detailed description of the activities.	ŧ		ł	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			- 1	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T	ţ		ł	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1	
	By language in the governing instrument, or				
	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 Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	F"			:
-	instructions) ▶ OH			I	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			- 1	
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation	[	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
•	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		- 1	1	
	27)? If "Yes," complete Part XIV	ļ	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
		Form	991	).PF	(2000)

	art VII-B Statements, Regarding Activities for Which Form		700835			Pag	је <b>6</b>
		1/20 May Be R	equirea (conti	nuea)	<del></del>		<del></del>
5a	During the year did the foundation pay or incur any amount to	45(-)\0	п,	, <del>.</del>			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49		י ب	res X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	$\Box$	/ <b>T</b>			
	directly or indirectly, any voter registration drive?			res X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		' '	res X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization de		$\Box$	res X No			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instru	· · · · · · · · · · · · · · · · · · ·	, n	res X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or e	duçational	┌,	res X No			
_	purposes, or for the prevention of cruelty to children or animals?		_	res X No			
р	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	•		N/A	_	1	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s	· =	istructions) /	N/A	5b	-+	—
	Organizations relying on a current notice regarding disaster assistance check here				1		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	tne tax	N/A 🗌	□ Na			
	because it maintained expenditure responsibility for the grant?		N/A 📋	res No			
٥.	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					1	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums	п,	<b>▼</b>	1	ł	
	on a personal benefit contract?			res X No	1. 1	Ŧ.	•
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal transfer of the State Sta	nai benefit contract	,		6b	<del></del>	<u>x</u>
	If "Yes" to 6b, file Form 8870		п,	. <del>.</del>		1	
7a	,		_	res X No N/A		<del></del>	
****	If yes, did the foundation receive any proceeds or have any net income attributable art VIII Information About Officers, Directors, Trustees, Fo				7b		
177		undation Mana	gers, nignly r	-aid Employe	es,		
1	and Contractors  List all officers, directors, trustees, foundation managers and their compensat	ion (see nage 22 o	f the instructions	<u>.</u>			—
	cot an officers, anotters, a actions, foundation managers and their compensati			(d) Contributions to	T		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense acco	unt,
	(a) Name and address	devoted to position	-0-)	plans and deferred compensation	other	r allowance	!S
G	REGORY W OLSON CINTI	OFFICER	<del></del>		+-		
	L65 BRECKENRIDGE OH 45247	2.00	۰ ا		o		0
	on 43247	2.00	<del>`</del>		1		<u> </u>
		ļ					
		<u> </u>			+	-	
		1					
					+		—
		1					
	Compensation of five highest-paid employees (other than those included on	line 1eee nage 1	23 of the instructi	one)			—
-	If none, enter "NONE."	ille 1—see page 2	23 Of the mstracti	ons).			
—		I		(d) Contributions to	$\top$		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Exp	oense acco	
	(a) Name and address of edgit employee paid more than 900,000	devoted to position	(C) compensation	plans and deferred compensation	other	r allowance	:S
	ONE	<del> </del>		domponada	+		—
140	JA E	1					
	<del></del>	<del> </del>		<del> </del>	+		
		1					
		<del> </del>	<del> </del>		+		
					+		
_					1		
Tota	al number of other employees paid over \$50,000	1		L		Т	
			<del> </del>				

Form 990-PF (2009	9) WILLIAM S OLSON MEMORIAL FOUNDATION	N 87-0700835	Page 7
•	Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid Em	ployees,
	t-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total aumbor of ot	thers receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical in other beneficianes served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
	ONS CONTRIBUTED TO MAKE A WISH, ICENT DEPAUL SOCIETY AND KAIROS FOUND.	ATION	60,304
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 2	24 of the instructions)	
-	rgest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A			
2			
All other program-r	elated investments See page 24 of the instructions		
Total. Add lines 1	through 3	<b>•</b>	

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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4

5

6

60,304

Internation	Pа	rt XIII Undistributed Income (see page 26 of	the instructions)			
1 Distributable amount for 2009 from Part XI, Inne 7 2 Undistributed income, if any, as of the end of 2009 2 Enter amount for 2008 only 5 Total for pror years 20				(b)	(c)	(d)
Inter 7	1	Distributable amount for 2009 from Part XI.	1 ' '	, ,		
2 Undarfubuled income, if any, as of the end of 2009 a Enter amount for 2008 only 5 Total for prior years 20					······································	301
a Enter amount for 2008 only b Total for prony gens 20	2		***************************************	:		
b Total for prior years 20 _ 20 _ 20 _ 3						]
3 Excess distributions carryover, if any, to 2009 a 160, 255 b 1600, 2005 c 28, 298 c 1600, 2005 c 28,		•				
a From 2004		<del></del>			·····	<del></del>
b From 2006		· 1				
E From 2006						
### From 2008			7 :			
From 2008	_		3 4			
Total of lines 3 a through e			5 1			
4 Qualifying distributions for 2008 from Part XII, line 4. ▶ \$ 60,304 a Applied to 2008, but not more than line 2a b Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2009 distributable amount a Remaning amount distributed out of corpus 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) the same amount must be shown in column (a). The same amount must be shown in column (a) the same amount must be shown in column (a). The same amount must be shown in column (a) the same amount must be distributed 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 Undistributed income for viole Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of the instructions) Undistributed in 2010 Other than 2a Taxable amount—see page 27 of t	_	<del></del>	1			
In e4. ▶ \$ 60,304  Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years ((Election required—see page 26 of the instructions) c Treated as distributions out of corpus d Applied to 2009 distributibal amount e Remaining amount distributed out of corpus (Election required—see page 26 of the instructions) d Applied to 2009 distributibal amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2009 ((if an amount appears in collumn (a)) 6 Enter the net total of each collumn as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 4 af from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2009 Subtract lines 4 dark form line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2009 Subtract lines 4 dark form line 3c Taxable amount—see page 27 of the instructions f Undistributed income for 2009 Subtract lines 4 dark form line 3c Taxable amount—see page 27 of the instructions  7 Announts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)  8 Excess from line 5 or line 7 (see page 27 of the instructions)  9 Excess from 2006 68,813 c Excess from 2006 68,813 c Excess from 2006 68,813 c Excess from 2007 5,503	f		243,857			
A Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2009 distributiable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2009 (If an amount appears in column (a), the same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be shown in column (a) to same amount must be distributed income for which a notice of deficiency has been issued, or on which the section 49×2(a) tax has been previously assessed d Subtract ince 6 from ince 6 Travable amount—see page 27 of the instructions u Indistributed income for 2009 Subtract line 4 afrom line 2a Taxable amount—see page 27 of the instructions 1 Undistributed income for 2009 Subtract line 4 afrom line 2a Taxable amount—see page 27 of the instructions 1 Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distribution carryover from 2004 not applied on the 5 or line 7 (see page 27 of the instructions)  8 Excess distributions carryover from 2004 not applied on the 5 or line 7 (see page 27 of the instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2006 Excess from 2006 Excess from 2007 Excess from 2007 Excess from 2008 Excess from 2007 Excess from 2007 Excess from 2007 Excess from 2008 Excess from 2007 Excess from 2008 Excess from 2006 Excess from 2007 Excess from 2008	4					
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d Excess from 2008 57,503	С		┥			
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			<del></del>			

N/A

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ST VINCENT DEPAUL 1125 BANK STREET 1,854 CINCINNATI OH 45214 MAKE-A-WISH FOUNDATION 4770 DUKE DRIVE 27,322 MASON OH 45040 KAIROS FOUNDATION 500 559 BELLE MEADE FARM LOVELAND OH 45140 29,676 ▶ 3a Total b Approved for future payment N/A **▶** 3b Total

DAA

Form 990-PF (2009)

nter gross am	ounts unless otherwise indicated	Unrelated	business income	Excluded	d by section 512, 513, or 514	(e)
l Program a	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
-	ervice revenue	-		+	<del></del>	the manuchona j
		-		<del>                                     </del>		<del></del>
c		-		1		
d						
θ						
f		_	· · · · · · · · · · · · · · · · · · ·			·
g Fees a	nd contracts from government agencies					<del></del>
	p dues and assessments				<del>-</del>	
	savings and temporary cash investments		<del></del>			
	and interest from securities			-		
	ncome or (loss) from real estate					
	nanced property			<del></del>		<del></del>
	bt-financed property			+ -		
	ncome or (loss) from personal property	<del> </del>		1		<del></del> .
	stment income	<del>   </del>	<del></del>	+		<del></del>
	ss) from sales of assets other than inventory or (loss) from special events	<del></del>		<del></del>	_ <del>-</del>	·
	t or (loss) from sales of inventory			+ -		
	nue. a		<del> </del>	<del>   </del>		
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		- <del> </del>		1		
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2 Subtotal A						
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3 Total, Add		ns)		0		
3 Total, Add	line 12, columns (b), (d), and (e) t in line 13 instructions on page 28 to verify calculation				13	
3 Total, Add See workshee	line 12, columns (b), (d), and (e)  t in line 13 instructions on page 28 to verify calculated  Relationship of Activities to the A  Explain below how each activity for which income accomplishment of the foundation's exempt purp	complishme is reported in colu	ent of Exempt P	urposes	13	(
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05/19/10

45238-4244

Form 990-PF (2009)

268-28-4913

EIN ▶ 31-1679570

Phone no 513-922-7377

signature

and ZIP code

Firm's name (or yours if

self-employed), address,

DONALD W. HENGEHOLD, CPA

CINCINNATI.

HENGEHOLD GROUP CPA'S,

5332 RAPID RUN ROAD

71760 WILLIAM S OLSON MEMORIAL FOUNDATION 87-0700835 FYE: 12/31/2009	Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Adjusted Total Investment Net	1,908 1,908 358	10,539 15,869 512 1,442	\$ 30,628 \$ 0 \$ 30,628
	23 - Other Expenses		w		
deral Stateme	990-PF, Part I, Line			, 533 , 869 , 442	
IAL FOUNDATION Fec	Statement 1 - Form		,	10 15 1	
M S OLSON MEMOR		Description	ERVICES	R EXPENSE PENSE	
71760 WILLIAM 87-0700835 FYE: 12/31/2009			EXPENSES OUTSIDE SERVICES BANK FEES	FUNDRAISER EXPE RENTAL OFFICE EXPENSE SUPPLIES	MEALS TOTAL

Form -8868

## Application for Extension of Time To File an Exempt Organization Return

(Rev April 2009)		Exempt Organization Return	OMB No 1545-1709	
Department of the Internal Revenue				
		omatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> [X]
If you are f	filing for an Add	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		_
Do not comple	ete Part II unic	ess you have already been granted an automatic 3-month extension on a previously filed Form	8868	
Part I	Automati	c 3-Month Extension of Time. Only submit original (no copies needed)		
_	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete		
Part I only				▶ [.]
All other corpo time to file inco	•	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensi	on of	
Electronic Fil	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	e to file	
one of the retu	rns noted belo	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868	3	
		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, $$ g		
		nsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part I		1
8868 For mor	e details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits		
Type or	Name of Exe	empt Organization	Employe	r identification number
print	******	W G OLGON AGNODIAL MOUNTAMION	07 0	700025
File by the due date for	<del></del>		87-0	700835
filing your return See		eet, and room or suite no If a P O box, see instructions RECKENRIDGE DRIVE		
instructions	City, town or	post office, state, and ZIP code. For a foreign address, see instructions  NATI  OH 45247		
Check type of	·	filed (file a separate application for each return)		
Form 99		Form 990-T (corporation)		Form 4720
Form 99		Form 990-T (sec 401(a) or 408(a) trust)		Form 5227
Form 99	90-EZ	Form 990-T (trust other than above)		Form 6069
X Form 99	90-PF	Form 1041-A		Form 8870
	_			
The books	s are in the car	e of > GREGORY W OLSON		
Telephone	No. ▶ 51	3-615-4721 FAX No ▶		
•	•	not have an office or place of business in the United States, check this box		▶ □
			f this is	_
for the whole g			ttach	
a list with the i	names and EIN	Is of all members the extension will cover		•
1 I reques	st an automatic	3-month (6 months for a corporation required to file Form 990-T) extension of time		
until 0	8/15/10	, to file the exempt organization return for the organization named above. The extension is		
_	organization's r			
<b>►</b>   <b>X</b>	calendar year			
▶ [_]	tax year begin	ning , and ending		
2 If this ta	x year is for le	ss than 12 months, check reason Initial return Final return Change in	account	ing period
3a If this a	pplication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	•	e credits See instructions	3a	\$ 0
b If this a				
paymer	\$ 0			
		t line 3b from line 3a Include your payment with this form, or, if required,		
deposit	with FTD coup	on or, if required, by using EFTPS (Electronic Federal Tax Payment		
	) See instructi	•	3с	\$ 0
Caution. If yo	u are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	0	
for payment in				
For Privacy A	Act and Paper	work Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2009)