



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



**Short Form
Return of Organization Exempt From Income Tax**

2009

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Please use IRS label or print or type. See Specific Instructions.</p> <p>WHAT IF? FOUNDATION 1563 SOLANO AVE #192 BERKELEY, CA 94707-2116</p>	<p>D Employer identification number 91-2121669</p>	<p>E Telephone number 888-228-8020</p>	<p>F Group Exemption Number</p>
---	--	---	---	--

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ▶

I Website: ▶ www.whatiffoundation.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 421,370.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R	1	Contributions, gifts, grants, and similar amounts received	414,728.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	1,555.
	5a	Gross amount from sale of assets other than inventory	5,087.
	5b	Less cost or other basis and sales expenses	5,039.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See Statement 1	48.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	
	6b	Less direct expenses other than fundraising expenses	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe ▶)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	416,331.
	10	Grants and similar amounts paid (attach schedule) See Statement 2	371,323.
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	27,241.
	13	Professional fees and other payments to independent contractors	2,031.
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	3,445.
	16	Other expenses (describe ▶ See Statement 3)	14,118.
	17	Total expenses. Add lines 10 through 16	418,158.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-1,827.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	173,751.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	103,454.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	275,378.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	173,751.	277,903.
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	173,751.	277,903.
26	Total liabilities (describe ▶ See Statement 5)	0.	2,525.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	173,751.	275,378.

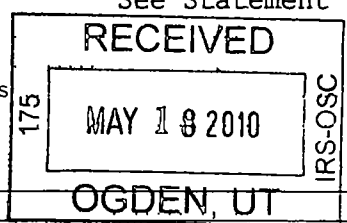
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

6-9

6

SCANNED JUL 07 2010



Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>See Statement 6</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 7</u> ----- ----- (Grants \$ <u>273,716.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>273,716.</u>
29	<u>See Statement 8</u> ----- ----- (Grants \$ <u>70,247.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>70,247.</u>
30	<u>See Statement 9</u> ----- ----- (Grants \$ <u>24,360.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	<u>24,360.</u>
31	Other program services (attach schedule) <u>See Statement 10</u> (Grants \$ <u>3,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	<u>3,000.</u>
32	Total program service expenses (add lines 28a through 31a)	32	<u>371,323.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARGARET TROST 616 THE ALAMEDA BERKELEY, CA 94707	President 30.00	0.	0.	0.
BONNIE PAULSON 1970 W. TIMBER RIDGE DR SEDALIA, MO 65301	CFO 1.00	0.	0.	0.
FREDERICK TROST 4606 DEERPATH RD MIDDLETON, WI 53562	Secretary 1.00	0.	0.	0.
CAROLYN BETZ 1534 MORRISON ST MADISON, WI 53703	Director 1.00	0.	0.	0.
PAT STEVENS 3465 TICE CREEK DR #1 WALNUT CREEK, CA 94595	Director 1.00	0.	0.	0.
BOB FERGUSON 500 E. BURLINGTON AVE FAIRFIELD, IA 52556-3168	Director 1.00	0.	0.	0.
BRYAN SIRCHIO 2551 COMMONWEALTH RD MADISON, WI 53711	Director 1.00	0.	0.	0.
SARA BUSCHER 2305 E. HAMMOND AVE APPLETON, WI 54911	Director 3.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 11

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
	▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter.		
39a	Initiation fees and capital contributions included on line 9		
	▶ 39a N/A		
39b	Gross receipts, included on line 9, for public use of club facilities		
	▶ 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
	▶ 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ MARGARET TROST Telephone no ▶ 510-558-9010
 Located at ▶ 616 THE ALAMEDA BERKELEY CA ZIP + 4 ▶ 94707

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ <u>Haiti</u>	X	
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Margaret Trost Date: 5/15/10

Type or print name and title: Margaret Trost, President

Paid Preparer's Use Only

Preparer's signature: Barbara W Vincent, EA Date: 5.13.10 Check if self employed: Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self employed), address, and ZIP + 4: Vincent Financial Services
3180 CROW CANYON PL STE 135
SAN RAMON, CA 94583-1114

EIN: N/A Phone no: (925) 244-6640

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	157,103.	239,143.	280,002.	465,448.	408,777.	1,550,473.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	157,103.	239,143.	280,002.	465,448.	408,777.	1,550,473.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						310,214.
6 Public support. Subtract line 5 from line 4						1,240,259.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	157,103.	239,143.	280,002.	465,448.	408,777.	1,550,473.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				101.	1,555.	1,656.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						1,552,129.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	79.9%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	72.9%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

WHAT IF? FOUNDATION

91-2121669

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 5,087.
 Cost or Other Basis: 5,039.

Total Gain (Loss) Publicly Traded Securities \$ 48.

Total Net Gain (Loss) From Noninventory Sales \$ 48.

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	Camp Program		
Cash Amount Given:		\$	24,360.
Donee's Name:	Food Program		
Cash Amount Given:		\$	273,716.
Donee's Name:	Education Program		
Cash Amount Given:		\$	70,247.
Donee's Name:	After School Program		
Cash Amount Given:		\$	3,000.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Books		\$	530.
Contracted Services			6,086.
Mail Box Fee			432.
Merchant & PayPal Fees			2,788.
Miscellaneous			400.
Office Expenses			831.
State Filing Fees			105.
Telephone			932.
Travel			2,014.
		Total \$	<u>14,118.</u>

Statement 4
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

See Supplemental Statement		\$	103,454.
		Total \$	<u>103,454.</u>

WHAT IF? FOUNDATION

91-2121669

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payroll Taxes Payable	\$ 0.	\$ 2,525.
Total	<u>\$ 0.</u>	<u>\$ 2,525.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To feed and educate impoverished children in Haiti

Statement 7
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Food Program:

The Food Program the What If? Foundation funds in the St. Clare's community of Port-au-Prince, Haiti, took place five days a week throughout 2009. An average of 7,500 meals per week were served to children. The meals were prepared and served by members of the St. Clare's community.

Statement 8
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

Education Program:

What If? Foundation Education Program provided full scholarships for 176 children to attend private elementary and high schools in 2009, as well as scholarships for 24 students to attend technical school/college in Port-au-Prince, Haiti.

Statement 9
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

Summer Camp Program:

The What If? Foundation funds a 7-week summer day-camp where children participated in arts & crafts classes and received lunch each day in Port-au-Prince, Haiti. 500 children attended the camp in 2009.

WHAT IF? FOUNDATION

91-2121669

Statement 10
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
<p>After-School Program: The What If? Foundation funded a new After-School Program in 2009 that was organized by the members of the St. Clare's Community. 110 children/youth of the community were able to participate in the enrichment classes that were held Monday-Saturday.</p>	3,000.	3,000.
Includes Foreign Grants: No		
Total	\$ <u>3,000.</u>	\$ <u>3,000.</u>

Statement 11
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

WHAT IF? FOUNDATION

91-2121669

SUPPLEMENTAL STATEMENT RE: FORM 990-EZ, PART I, NET ASSETS, LINE 20:

Effective January 1, 2009, the following Fonkose bank accounts are considered assets of the What If? Foundation until disbursements from these accounts to grantees for programs in Haiti are authorized by the Foundation. They represent funds previously transferred to Fonkose by the Foundation. For this reason they are now being included in the Foundation's assets. The appropriate FBAR reporting has been submitted by the Foundation with respect to these accounts.

Fonkose Food Account:	\$87,176.28
Fonkose Education Account:	\$16,277.87
Total:	\$103,454.15