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Form **990-PF**

Return of Private Foundation

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

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.

2009

OMB No 1545-0052

F	For calendar year 2009, or tax year beginning , and ending						g					
6	CI	heck all	that apply:		Initial return			Initial return of a fo	•	ty	Final return	1
_		Amended return				<u> </u>	Address change			Name change		
	Use	se the IRS Name of foundation									A Employer identification	number
	la	ıbel.	l									
	-	erwise,	THE MEL								91-2154965	<u> </u>
Ś		rint	Number and stree					street address)	1	m/suite	B Telephone number	
Ω,		type. Specific	2727 HO			STREE	T		41	0	253-858-29	
		uctions	City of town, St			00005					C If exemption application is p	
₹ :		h1 - A	GIG HAR	ROK		98335		-1-1-1-1-1			D 1. Foreign organizations	S, Check here
ΰ'	H Check type of organization: X Section 501(c)(3) exe					-4		Foreign organizations me check here and attach co	pmputation			
ر آ	Ear		et value of all asse			J Accounti		able private founda	Accrual		E If private foundation sta	
ם ק			t II, col. (c), line		ilu di yeai		ther (spec		Accidal		under section 507(b)(1)	•
9	<i>(iii</i> €		t II, coi. (c), iiile		689			nust be on cash i	basis)		F If the foundation is in a under section 507(b)(1)	
-	Pa	rt I A	nalysis of Reven	ue an	d Expenses		i	Revenue and	(b) Net investi	mant	(c) Adjusted net	(d) Disbursements
		س نتت	he total of amounts i ecessarily equal the	ın colur	nns (b), (c), and	(d) may not)	expe	nses per books	income	HOIIL	income	for charitable purposes (cash basis only)
) - -		1 Co	ontributions, gifts,	grant	s. etc., receiv	ed		16,470.				(0.0.0 0.0.0 0.0.0)
				-	is not required to							
		3 Inte	erest on savings and	tempo	rary			41.		41.	41.	STATEMENT 1
			vidends and intere	est fro	m securities							
		5a Gr	oss rents									
		b Ne	t rental income or (lo	ss) _								
			t gain or (loss) from s		assets not on la	ne 10						
	2		oss sales price for all sets on line 6a									
	Revenue	7 Ca	pital gain net income	(from l	Part IV, Ime 2)					0.		
	-	8 Ne	t short-term capit	tal gan	n						0.	
			come modification									
			d allowances	´								
			ss Cost of goods sol	-								
	ŀ		oss profit or (loss	5)								
	- 1		er income al. Add lines 1 through 11			16,511.		41.	41.			
-			ompensation of office					0.		0.	0.	0.
			her emplovee sala			eic						0.
			ension plans, emp		•							
	sesu		gal fees	.0,00					7			
	eus		counting fees			B	ECE	TVFD	1			
	꼾		her professional f	ees		\		IC				
	- N	17 Int	terest				-n 1	4 2010 C				
	rati	18 Ta	xes			E2-61	EP 1	4 2010	,			
	ist	19 De	preciation and de	pletio	n	"			:			
	┋	20 Oc	cupancy			0	GDE	N				
	Ă۱	21 Tra	avel, conferences,	, and r	neetings	<u> </u>						
	ă		inting and publica	tions							·	
	ing		her expenses									
	Operating and Administrative Expe		tal operating and					_		^	_	_
	ğ		penses Add lines		-			0.	·	0.	0.	0.
	1		ontributions, gifts,					38,006.				38,006.
			ital expenses and Id lines 24 and 25		uiseilleilts.			38,006.		0.	0.	38,006.
-	\dashv		ibtract line 26 fror		12.					<u> </u>	<u> </u>	30,000.
			cess of revenue over			emente		<21,495.	>			
			et investment inco					<u> </u>	-	41.		
	_		justed net incom								41.	

Pa	ırt.	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
		column should be tor end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
ľ	1	Cash - non-interest-bearing	9,176.	6,640.	6,640.
	2	Savings and temporary cash investments	20,008.	1,049.	1,049.
	3	Accounts receivable ►		-	
		Less: allowance for doubtful accounts ▶			<u> </u>
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
Ì		disqualified persons			·
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			<u>.</u>
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans		-	
	13	Investments - other			·
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe >)			
		-	00 104	T 600	7 600
		Total assets (to be completed by all filers)	29,184.	7,689.	7,689.
		Accounts payable and accrued expenses			
	18	Grants payable Deferred revenue			
.≌ ∣	19 20				
<u>i</u> i i		Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
Lia		Other liabilities (describe)			

	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
lan	25	Temporarily restricted		_	
1 Ba	26	Permanently restricted			
š		Foundations that do not follow SFAS 117, check here	Ì		
Ä		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
-	29	Retained earnings, accumulated income, endowment, or other funds	29,184.	7,689.	
ž	30	Total net assets or fund balances	29,184.	7,689.	
	94	Total liabilities and net assets/fund balances	29,184.	7,689.	
=				1,003.	
Pa	<u>rt</u>	Analysis of Changes in Net Assets or Fund B	aiances		
1 T	otal	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	29,184.
2 E	nter	amount from Part I, line 27a		2	<21,495.>
3 0	the	increases not included in line 2 (itemize)		3	_ 0 .
		ines 1, 2, and 3	-	4	7,689.
		eases not included in line 2 (itemize)		5	0.
<u>6 T</u>	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	7,689.

(a) List and descrit	nd Losses for Tax be the kind(s) of property so ehouse; or common stock, 2	old (e.g., real estate,	. moonie	1. b	low acquir - Purchase - Donation	, '	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>				ļ				
b NON	E			ļ		_		-
<u>c</u>		.		-			<u> </u>	
<u>d</u>	<u> </u>	 	*	1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	<u>. </u>			(h) Gain or (lo (e) plus (f) minu	us (g)
a								
b								
c								
d		-						
Complete only for assets showing	asin in column (h) and our	and by the foundation	on 12/21/60			415	0	
Complete only for assets showing	• • • • • • • • • • • • • • • • • • • •	1 _	····				Gains (Col. (h) ga (k), but not less t	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any				Losses (from co	
a								
b								
C	···		···-,					. 19
d				İ	-			
е								
2 Capital gain net income or (net cap	ital loss) { If gain, als If (loss), e	o enter in Part I, line nter -0- in Part I, line	7	}	2			
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co if (loss), enter -0- in Part I, line 8		2(5) and (6):		}	3			
Part V Qualification Un	der Section 4940(e) for Reduced	Tax on Net	Inv	estmen	t Inco	ome	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualif Enter the appropriate amount in ea	on 4942 tax on the distributa y under section 4940(e). Do	not complete this pa	art.					Yes X No
(a) Base period years Calendar year (or tax year beginning	(t g in) Adjusted qualify		Net value of no	(c) inchar	itable-use	assets	Disi (col. (b)	(d) tribution ratio divided by col. (c))
2008		40,520.			13,	633.		2.972200
2007		28,452.				144.		9.049618
2006		15,240.				<u> 306.</u>		.336379
2005		21,134.				762.		2.722752
2004		15,130.			<u>17,</u>	106.		.884485
2 Total of line 1, column (d)3 Average distribution ratio for the 5-	waar hasa nariod - divida tha	a total on line 2 by 5	or by the number	of vo	are		2	15.965434
the foundation has been in existence		s total off line 2 by 3,	or by the number	UI yea	ais		3	3.193087
4 Enter the net value of noncharitable	-use assets for 2009 from F	art X, line 5					4	1,564.
5 Multiply line 4 by line 3							5	4,994.
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6	0.
7 Add lines 5 and 6							7	4,994.
8 Enter qualifying distributions from I If line 8 is equal to or greater than I		VI, line 1b, and comp	olete that part usin	g a 1%	6 tax rate.		8	38,006.
See the Part VI instructions.						_		Co 000 DE (0000)

_	n 990-PF (2009) THE MELSNESS FAMILY FOUNDATION 91-2 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	2154 <u>9</u> see in	965 Istru	uctio	Page 4
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%				0.
	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				0.
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				
	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
	Total credits and payments. Add lines 6a through 6d				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached .				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				
	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 participate or intervene in	-		Yes	No
	any political campaign?	F	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	F	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?	-	1c_		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	İ			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$				ļ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. • \$		_		
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				
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	, ₇	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	^ -	4b	-	-
J	If "Yes," attach the statement required by General Instruction T.	-	_5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
٠	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		х
7	Did the foundation have at least \$5,000 in assets at any time during the year?	F	7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV.		_		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	WA				
b	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	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	F		==	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		x
40	Did any parents become substantial contributors during the tay year?	F	40		v

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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) THE MELSNESS FAMILY FOUN		Demoderal :	<u>91-21549</u>	65 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be I	Requirea (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indir			
any voter registration drive?			es 🔀 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined		
expenditure responsibility for the grant?	. N	I/A 🗀 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494		•		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on]
a personal benefit contract?		☐ Y6	es X No	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v ₄	es 🗶 No	
b If yes, did the foundation receive any proceeds or have any net income attribute			. —	7b
Information About Officers Divisions Truck		nagers. Highly		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part VIII Paid Employees, and Contractors			•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
	to position	Citter -0-)	compensation	anowanics
SEE STATEMENT 2		0.	0.	0.
JUL VIII LIMINI Z			<u> </u>	<u> </u>
				
··				
· · · · · · · · · · · · · · · · · · ·				
Companyation of five highest maid ampleyees (ather then the sains	ludad an lina 4\ If nana	anter UNIONE U		
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Evpança
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	devoted to position		compensation	allowances
NONE			İ	
			}	
				
otal number of other employees paid over \$50,000				0
	· · · · · · · · · · · · · · · · · · ·		Form 9	990-PF (2009)

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
4	_	
	 	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant station number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 N/A	Judeed, etc.	· · · · · · · · · · · · · · · · · · ·
1 N/A		
2		
	•	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1 N/A		- Tillouit
2		
The second secon		
All other program-related investments. See instructions.		
3		
T. () () () () () () () () () (
Total. Add lines 1 through 3	>	<u> </u>

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Р	mart X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,588.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,588.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,588.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,564.
6	Minimum investment return. Enter 5% of line 5	6	78.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
Ь	Income tax for 2009. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	_
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	38,006.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	38,006.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u>38,006.</u>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for tl	ne section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:			- "	
,,		0.	•	
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from		•		
Part XII, line 4: ► \$ N/A			_	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	•			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	- 0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	•	
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			. 0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006	`			
c Excess from 2007				
d Excess from 2008				
e Excess from 2009		<u> </u>		

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Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year								
•								
·								
				,				
			`					
SEE STATEMENT 4								
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3a	38,006.				
b Approved for future payment	··· —							
NONE								
HOME								
]					
	:							
Total	<u> </u>		▶ 3b	0.				
923611 02-02-10				rm 990-PF (2009)				

Part XVI-A Analysis of Income-Producing Activities

1 Program service revenue: Code	Enter gross amounts unless otherwise indicated.	(a) Business	business income (b)	(C) Exclu- sion	(d)	(e) Related or exempt
Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest no aswings and temporary cach investments 4 Dividents and interest from securities 5 Met rental income or (less) from real estate: a Debt-lineared property 5 Not debt-lineared property 9 Not recommend or (less) from personal property 9 Not recommend or (less) from securities 1 Get rental income or (less) from securities 1 Get rental income or (less) from securities 2 Other investment income 3 Gain or (less) from second evidents 3 Gives prior or (less) from second evidents 4 Over the security of the second or (less) from	1 Program service revenue:		Amount	code	Amount	function income
Fees and contracts from government agencies 2 Membership dues and assissments 3 Interest on sevings and temporary cash investments 4 Obvidends and atterest from securities 5 Net rental income or (loss) from real estate:		-	· · ·	-		
g Fees and contracts from government agenotes g Membership dues and assessments 3 Interest on aswings and temporary cash investments 4 Dividends and interest from securities 5 Ret remain income or (loss) from real estate: a Debt-financed property b Not debt-fisanced property 6 Ret renat income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other from an investory 9 Ret income or (loss) from sales of assets other from an investory 10 Other revenue: 8 Gain or (loss) from sales of inventory 11 Other revenue: 9 Let income or (loss) from sales of inventory 11 Other revenue: 12 Subtost Add columns (b), (d), and (e) 13 Tost Add line 12, columns (b), (d), and (e) 13 Tost Add line 12, columns (b), (d), and (e) 13 Tost Add line 12, columns (b), (d), and (e) The floationship of Activities to the Accomplishment of Exempt Purposes Line, No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the floatidiship is evenly purposes (other than by providing funds for such purposes) 2 CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S 3 GOALS AND OBJECTIVES				 - -	···	
gress and contracts from government agencies gress and contracts from government agencies gress and description of the contract from securities gress and sessessments gress and sessessments gress and sessessments gress and sessessments gress and sessessments gress and sessessments gress		1 1		 		
g Fess and contracts from povernment agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net remain income of (loss) from real estate: a Deb-Timanced property b Not deb-Timanced property 7 Other investment income 8 Gain or (loss) from sales of assets other than nivertory 9 Net income or (loss) from sales of assets other than nivertory 10 O fross profit or (loss) from sales of inventory 11 Other revenue: 2 Subtotal. Add columns (b), (d), and (e) 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 4 Sew worksheet in line 13 instructions to verify reabulations.) 5 Replan below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). 5 CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S 5 CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S						
2 Membership dues and assessments 3 Indicest on savings and temporary cash investments 4 Dividents and interest from securities 5 Refer tental more or (loss) from real estate; 5 Refer tental more or (loss) from personal property 6 Net rental income or (loss) from personal property 7 Other investment more 8 Gain or (loss) from sales of assets other than investory 9 Net income or (loss) from sales of inventory 10 Officer severue; 10 Officer severue; 11 Other revenue; 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add time 12, columns (b), (d), and (e) 14 See worksheet in the 13 instructions to verify calculations.) Part XVI-B Relationship of CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S 3 GOALS AND OBJECTIVES	f					
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Investments 4 Develends and interest from securities 5 Net remail income to (toss) from real estate: a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain of (toss) from saies of assets other than inventory 9 Net income or (toss) from special events 10 Grass profit or (foss) from special events 10 Grass profit or (foss) from special events 10 Grass profit or (foss) from saies of inventory 11 Other revenue: a b c c d d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 15 See workshet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line, No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). 3 CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S 3 GOALS AND OBJECTIVES						
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9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 Other revenue: a b c d d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 8 See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line, No. The foundation's exempt purposes (other than by providing funds for such purposes). CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S 3 GOALS AND OBJECTIVES	8 Gain or (loss) from sales of assets other					
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It Other revenue: a						
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the foundation's exempt purposes (other than by providing funds for such purposes). CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S GOALS AND OBJECTIVES	Line No. Evalua holou hou coch cetuati for which in	nome to reported to	natures (a) of Dort VIII		od importantly to the coope	allah manda af
CONSERVATION OF CAPITAL ASSETS TO SUPPORT THE FOUNDATION'S GOALS AND OBJECTIVES				COMMIDULE	ed importantly to the accom	plishment of
GOALS AND OBJECTIVES				THE	FOUNDATION'S	3
	GOALS AND OBJECTIVES					
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123821 1802 10	23621					

	990-F	/II Information Re	ELSNESS FAMILY egarding Transfers To			s ar	nd Relatio	nships \			2154965 ncharitable		<u>ige 1</u>
		Exempt Organ	•••										
1			rectly engage in any of the followi	-	-			section 501	(c) of -			Yes	No
)(3) organizations) or in section 5			ganız	zations?						
а	Trans	fers from the reporting founda	ation to a noncharitable exempt o	rganıza	tion of:								
	(1) (ash									1 <u>a(1)</u>		X
	(2)	ther assets									1a(2)		X
þ	Other	transactions:										-	
	٠.	ales of assets to a noncharital	· •		_	•					1b(1)		X
			ncharitable exempt organization								1b(2)	-	X
		lental of facilities, equipment,									1b(3)		X
		leimbursement arrangements									1b(4)		X
		oans or loan guarantees									1b(5)		X
			embership or fundraising solicitati								1b(6)		X
			uling lists, other assets, or paid en								[1c]		X
d		· ·	"Yes," complete the following sch		• •		=					ets,	
			oundation. If the foundation receive		s than fair market v	value	e in any transac	tion or shai	ing arran	nge	ment, show in		
/a\.			other assets, or services received		nat arganization		(4) =						
(a)L	ine no	(b) Amount involved	(c) Name of noncharitable	e exem	ipt organization		(0) Descrip	ption of transf	ers, transa	ctic	ons, and sharing arra	angeme	ents
			-N/A										
					·····						•		
							 	 					
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			<u> </u>		····		<u></u> .						
2a			tly affiliated with, or related to, one			anıza	ations describe	d					_
			r than section 501(c)(3)) or in sec	tion 52	277						L Yes	X] No
b	If "Yes	s," complete the following scho		1 (1)	F /			(-) D					
		(a) Name of org	janization	(0)	Type of organization	on	.	(c) Desc	ription o	1 re	elationship		
		N/A		ļ		-			_ 		-		
		<u></u>		 		4							
				<u> </u>		4							
			 -	 -	-	4	•						
1				<u>. </u>									
			ave examined this return, including acc than taxpayer or fiduciary) is based or						vledge and	be	lief, it is true, correc	t,	
		1.	_		alnli	1							
a	<u> </u>		<u> </u>		17/1/10			IDENT					
부누	y Si	gnature of officer or trustee	•		Date	I n	Title	Chacket		1	Proposaria dance		.b.a-
Sign Here	ς <u>~</u>	Preparer's				Da	ne	Check if self-		ر	Preparer's identifyi	ny num	เทศเ
ַהַ אַ	, ji ji	signature				1		employed					

(253) 582-4700 Form **990-PF** (2009)

BRINK & SADLER

P.O. BOX 99190 LAKEWOOD, WA 9

WA 98496-0190

EIN ►

Phone no.

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
TI	HE MELSNESS FAMILY FOUNDATION	91-2154965
Organization type (check of		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions
General Rule		
For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II	noney or property) from any one
Special Rules		
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
aggregate contribi	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrutions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	· ·
contributions for u If this box is check purpose Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions (see exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the General Rule applies to this organization because ite, etc., contributions of \$5,000 or more during the year	ggregate to more than \$1,000 ely religious, chantable, etc ,
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule I I Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line a ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•
LHA For Privacy Act and for Form 990, 990-E		8 (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

THE MELSNESS FAMILY FOUNDATION

91-2154965

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DON AND YVONNE BRINK 14501 12TH AVENUE EAST TACOMA, WA 98445	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DONALD AND SALLY ANDERSON PO BOX 445 GRAPEVIEW, WA 98546	\$\$	Person X Payroll Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	GORDON AND TRACY RUSH 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	LARRY AND SHEILAH MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>5</u>	ROBERT AND MARILYN ANDERSON PO BOX 61 ALLYN, WA 98524	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-0		\$Schadule R (Form)	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2009)

FORM 990-PF INTEREST ON SAVINGS A	AND TEMPORARY CAS	SH INVESTME	NTS STAT	EMENT 1
SOURCE			A	MOUNT
COLUMBIA BANK				41.
TOTAL TO FORM 990-PF, PART I, LINE	E 3, COLUMN A			41.
	OF OFFICERS, DIFOUNDATION MANAGE		STAT	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
SHEILAH K. MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	PRESIDENT 0.00	0.	0.	0.
MARK MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	VICE PRESIDENT 0.00	0.	0.	0.
LARRY R. MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	SECRETARY 0.00	0.	0.	0.
MELODY MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	TREASURER 0.00	0.	0.	0.
DONALD R. BRINK 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	DIRECTOR 0.00	0.	0.	0.
SHEILAH MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	DIRECTOR 0.00	0.	0.	0.
LARRY MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	DIRECTOR 0.00	0.	0.	0.
MARK MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	DIRECTOR 0.00	0.	0.	0.

THE MELSNESS FAMILY FOUNDATION			9:	1-21549	965
MELODY MELSNESS 2727 HOLLYCROFT SUITE 410 GIG HARBOR, WA 98335	DIRECTOR 0.00	0.	0.		0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.		0.
	T XV - LINE 1A FOUNDATION MANAGERS		STAT	EMENT	3
NAME OF MANAGER SHEILAH K. MELSNESS LARRY R. MELSNESS					
FORM 990-PF GRANTS AND CONTRIBUTIONS STATEM PAID DURING THE YEAR				EMENT	4
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONS AND PURPOSE OF GRA		IPIENT FATUS	MOMA)T
A PLACE CALLED HOPE 5246 OLYMPIC DRIVE NW GIG HARBOR, WA 98335	CHARITABLE SUPPORT			50	00.
AMERICAN INDIAN COLLEGE 8333 GREENWOOD BLVD. DENVER, CO 802214488	CHARITABLE SUPPORT			1,20	0.
THE DESERT COMMUNITY FOUNDATION 75-105 MERLE STREET, SUITE 300 PALM DESERT, CA 92211	CHARITABLE SUPPORT			50	0.
BRASILITO SCHOOL BRASILITO GUANACASTE, COSTA RICA, COSTA RICA	CHARITABLE SUPPORT			2,04	6.
CYSTIC FIBROSIS FOUNDATION 520 PIKE STREET, SUITE 1075 SEATTLE, WA 98101	CHARITABLE SUPPORT			50	0.

THE MELSNESS FAMILY FOUNDATION		91-2154965
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 731010036	CHARITABLE SUPPORT	3,000.
FUTURES FOR CHILDERN 9600 TENNYSON STREET NE ALBUQUERQUE, NE MEXICO 981	CHARITABLE SUPPORT	1,260.
MAKE A WISH FOUNDATION 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	CHARITABLE SUPPORT	1,000.
MARINE TOYS FOR TOTS FOUNDATION PO BOX 1947 QUANTICO, VA 22134	CHARITABLE SUPPORT	1,000.
MARY BRIDGE CHILDREN'S HOSPITAL PO BOX 5296 TACOMA, WA 984150296	CHARITABLE SUPPORT	10,000.
NATIVITY HOUSE 2304 SOUTH JEFFERSON AVENUE TACOMA, WA 98402	CHARITABLE SUPPORT	1,000.
RONALD MCDONALD HOUSE 5130 40TH AVENUE NE SEATTLE, WA 98105	CHARITABLE SUPPORT	1,000.
SPECIAL OLYMPICS 2150 N 107TH STREET, SUITE 220 SEATTLE, WA 98133	CHARITABLE SUPPORT	1,000.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 381051942	CHARITABLE SUPPORT	5,000.
ST. NICHOLAS GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY 1523 SOUTH YAKIMA AVENUE TACOMA, WA 98405	CHARITABLE SUPPORT	1,000.

THE MELSNESS FAMILY FOUNDATION	ī	91-2154965
THE FORGOTTEN CHILDREN'S FUND PMB 74 3702 S FIFE STREET K TACOMA, WA 98409	CHARITABLE SUPPORT	2,000.
THE GIG HARBOR KIWANIS FOUNDATION PO BOX 1491 GIG HARBOR, WA 98335	CHARITABLE SUPPORT	1,000.
THE SMILE TRAIN PO BOX 96231 WASHINGTON, DC 200906231	CHARITABLE SUPPORT	5,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	38,006.

(Rev April 2008) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

Internal Revenue	Service	File a separate application for each return			
• If you are t	filing for a	n Automatic 3-Month Extension, complete only Part I and check this box an Additional (Not Automatic) 3-Month Extension, complete only Part II (or II unless you have already been granted an automatic 3-month extension on a granted an automatic 3-month extension on a granted an automatic 3-month extension on a granted an automatic 3-month extension on a granted an automatic 3-month extension on a granted an automatic 3-month extension on a granted an automatic 3-month extension on a granted and automatic 3-month extension.	n page 2	of this form).	► X 68.
Part I	Automa	tic 3-Month Extension of Time. Only submit original (no copies need	ded).		
		d to file Form 990-T and requesting an automatic 6-month extension—chec			
time to file II	ncome ta				
one of the relectronically returns, or a	eturns no if (1) yo composit	ile). Generally, you can electronically file Form 8868 if you want a 3-month autoted below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated Form 990-T. Instead, you must submit the fully completed and so on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	er, you c 990-BL, signed pa	annot file For 6069, or 8870 age 2 (Part II)	m 8868), group of Form
Type or print		Exempt Organization ELSNESS FOUNDATION	Employer 91-215	identification 4965	number
File by the	Number.	street, and room or suite no. If a P O box, see instructions			
due date for filing your	l .	RINK & SADLER, CPAs, PO BOX 99190		•	
return See instructions	City, tow	on or post office, state, and ZIP code. For a foreign address, see instructions OOD, WA 98496-0190			
Check type Form 990 Form 990 Form 990 Form 990	0 0-BL 0 - EZ	Form 990-T (corporation) Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A		Form 4720 Form 5227 Form 6069 Form 8870	
Telephone If the organ If this is for the whole	No ► nızation d r a Group e group, d	e care of ► LARRY MELSNESS (253) 564-2500 FAX No. ► (253) 564-02 oes not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN) heck this box ►		If this	▶ ☐ ıs ch
until <u>2</u> for <u>th</u> e	AUGUST organiza	automatic 3-month (6 months for a corporation required to file Form 15 , $20\frac{09}{}$, to file the exempt organization return for the organization return for: year $20\underline{-08}$ or			
		beginning, 20, and ending		, 20	
_	-	s for less than 12 months, check reason: Initial return Final return	_		
		n is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax undable credits. See instructions.	, 3a s	<u> </u>	0.
b If this a	application	n is for Form 990-PF or 990-T, enter any refundable credits and estimated tax. Include any prior year overpayment allowed as a credit.			0.
c Balanc	e Due. S t with FT	ubtract line 3b from line 3a. Include your payment with this form, or, if required, D coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen structions.			0.
Caution. If y	_	oing to make an electronic fund withdrawal with this Form 8868, see Form 845			EO
For Privacy A	Act and Pa	perwork Reduction Act Notice, see Instructions.		Form 8868 (Re	v 4-2008)