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Form 990	-PF
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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 **୭Mna**

temal Revenue Ser			able to use a copy of th	is return to satisfy state re		<u> </u>
	year 2009, or tax year b			, 2009, and end		, 20
Check all the	· · · · · 	return		of a former public char	-	Final return
		ided return	Addres	ss change	Name change	
	Name of foundation				A Employer Identifi	cation number
Use the IRS						
label.	MCFARLAND, B. C				91-	6571187
Otherwise,	Number and street (or P C) box number if ma	all is not delivered to street	address) Room/su	lite B Telephone number (see p	page 10 of the instructions)
print or type.						
See Specific	P.O. BOX 1496				(25	
nstructions.	City or town, state, and ZI	IP ∞de			C If exemption applicat pending, check here	
					D 1 Foreign organizati	ons, check here
	TACOMA, WA 9840			· · · · · · · · · · · · · · · · · · ·	2 Foreign organizati	
Check type	of organization X	Section 501(c)	(3) exempt private for		85% test, check he computation	
Section 4	947(a)(1) nonexempt chant		Other taxable pri		E If private foundation :	status was terminated
Fair market	value of all assets at er	nd JAccour	nting method XC	ash Accrual	under section 507(b)	_
-	m Part II, col (c), line		er (specify)		F If the foundation is in	a 60-month termination
16) ▶ \$	267.		olumn (d) must be or	cash basis)	under section 507(b)	(1)(B), check here . >
Analy	sis of Revenue and Ex	penses (The	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursemen
may n	ot necessarily equal the am	nounts in	expenses per	income	income	for chantable purposes
columi	n (a) (see page 11 of the in	structions))	books			(cash basis only
1 Contribute	ons, gifts, grants, etc., received (atta		55,100.			
2 Check	attach Sch B					
1	on savings and temporary cash		9.	9.		ATCH 1
4 Dividen	ds and interest from securi	ties L				
5a Gross r	ents	_				
b Net renta	al income or (loss)					
	or (loss) from sale of assets no les price for all	ot on line 10				
assets of	n line 6a					
· ·	gain net income (from Part	: IV, line 2)				
	rt-term capital gain	• • • • • - -			·	
	modifications · · · · · · · · · · · · · · · · · · ·	⊢				
and allow	vances · · · ·					
	st of goods sold .	SECFIV				
_	ront or (loss) (attach sched come (attach schedule)	Ala C				
	, 1.	ا م	2010 (55, 109.	<u> </u>		
	sation of officers, directors true	- 14 	(B) 0.			
1	u ~ u					
15 Dension	mployee salaries and wage i plans, employee benefits	OGDEN	1, 61		-12	
	es (attach schedule)	990				
	ting fees (attach schedule)	· · · · · · - -	-		· · · · · · · · · · · · · · · · · · ·	·
	rofessional fees (attach sch					
l '		· · ·				
l	ttach schedule) (see page 14 of t					
1	ation (attach schedule) and	· -				
1	ncy		-	· · · · ·		
	conferences, and meetings					•
	and publications	•				
· -	kpenses (attach schedule)	[
	perating and administrativ					
•	40.0	e expenses.	0.		i	
	utions, gifts, grants paid .	· · · -	55,500.			55,
	enses and disbursements Add lif		55,500.			55,
	t line 26 from line 12	TOO ET WINE EU				
	revenue over expenses and disb	ursements	-391.			
1	estment income (if negative			9.		
		· -				
c Adiuste	d net income (if negative,	enter -0-) I	1	I	-0-	

PAGE 1

91-6571187

Part I	Balance Sheets description column should be for end-of-year	Beginning of year	Eno o	f year
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			0.67
2	Savings and temporary cash investments	658.	267.	267
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable		-	-
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)			
-	Less allowance for doubtful accounts ▶			
ω 8	Inventones for sale or use			
Assets 0 0 0	Prepaid expenses and deferred charges			
¥ 10 a	Investments - U.S. and state government obligations (attach schedule)			
l t	Investments - corporate stock (attach schedule)			
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
12	Investment instance learn			
13	Investments other (attach ashedula)			
14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	Less accumulated depreciation			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the			
1	instructions Also, see page 1, item I)	658.	267.	267
17	Accounts payable and accrued expenses			
18	Grants payable			
1	Deferred revenue			
Liabilities 02 21 22	Loans from officers, directors, trustees, and other disqualified persons			
E 21	Mortgages and other notes payable (attach schedule)			
□ 22	Other liabilities (describe	· · · · · · · · · · · · · · · · · · ·		
**	Other nabilities (describe	·		
23	Total liabilities (add lines 17 through 22)			
+==	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
رم د	,			
24 25	Unrestricted			
[25	Temporanly restricted			
26	Permanently restricted			
림	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
Dung 27				
	Capital stock, trust principal, or current funds			
Net Assets 30 30	Paid-in or capital surplus, or land, bldg , and equipment fund	658.	267	
SS 29	Retained earnings, accumulated income, endowment, or other funds	030.	267.	
₹ 30	Total net assets or fund balances (see page 17 of the	65.0	267	
	instructions)	658.	267.	
31	Total liabilities and net assets/fund balances (see page 17	65.0	0.67	
	of the instructions)	658.	267.	
	Analysis of Changes in Net Assets or Fund E			
	Il net assets or fund balances at beginning of year - Part II, col			.
	of-year figure reported on prior year's return)		1	658
	er amount from Part I, line 27a		2	-391.
3 Othe	er increases not included in line 2 (itemize)		3	
	lines 1, 2, and 3			267
	reases not included in line 2 (itemize)		5	
6 Tota	I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), lin	e 30 6	267.

P	art IV Capital Gains	s and Losses for Tax on Inv	vestment Income			· · · · · · · · · · · · · · · · · · ·
		d describe the kind(s) of property sold (erick warehouse, or common stock, 200 s	_	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>						
<u>b</u>	<u> </u>			ļ		
<u>_c</u>						
_ <u>d</u>		· · · · · · · · · · · · · · · · · · ·				
<u>e</u>		(f) Depreciation allowed	(g) Cost or other basis		(h) Com on (le	L
	(e) Gross sales pnce	(r) Depredation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_ <u>a</u>	 			 		
<u>_b</u>				 		
_ <u>c</u>				 		
e e						
	omplete only for assets sho	wing gain in column (h) and owned	by the foundation on 12/31/69	(0)	Gains (Col (h) ga	ain minue
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any		(k), but not less the Losses (from co	han -0-) or
b						
С						
d						
<u>e</u>				1		
2	Capital gain net income or ((net capital loss) \dots {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
		or (loss) as defined in sections 1222				
	-	line 8, column (c) (see pages 13 and	·			
		ine 8		3		
			ection 4940(a) tax on net investment			
Wa			able amount of any year in the base	period?	🗆	Yes X No
			ee page 18 of the instructions before	makıng a	any entries	
÷	(a)	(b)	(c)		(d)	
Ca	Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution rat (col (b) divided by	
	2008	53,548.	649.		8	2.508475
	2007	70,970.	6,673.			0.635396
	2006	95,040.	4,167.			2.807775
	2005	20,016.	2,078.			9.632339
	2004					
2	Total of line 1, column (d)			,	12	5.583985
		or the 5-year base period - divide th		2	12.	3.363963
J	=	ation has been in existence if less th	· · · · · · · · · · · · · · · · · · ·	3	3:	1.395996
4	Enter the net value of nonc	charitable-use assets for 2009 from	Part X, line 5	4		110.
5	Multiply line 4 by line 3			5		3,454.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7	···	3,454.
8	Enter qualifying distribution If line 8 is equal to or green Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	55,500. rate See the

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	struct	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here	_		_
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
ь	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-) 2			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld 6d 6d			_
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
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			0.
11 Date	t VII-A Statements Regarding Activities			0.
			V	I
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes	No X
.	participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1a_		
ь		1b		х
	of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ID		<u> </u>
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation \$\\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	_6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	_7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	Instructions) ▶			
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	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			v
	27)? If "Yes,"complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	.	ĺ	Х
	names and addresses	10		~~

_		_	4a	X
-	•			

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. | 4b |

1b

2b

Х

Х

the foundation agreed to make a grant to or to employ the official for a period after

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and

3a Did the foundation hold more than a 2% direct or indirect interest in any business

operating foundation defined in section 4942(i)(3) or 4942(i)(5))

Organizations relying on a current notice regarding disaster assistance check here

6e, Part XIII) for tax year(s) beginning before 2009? Yes

were not corrected before the first day of the tax year beginning in 2009?

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

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

Par	t VII-B	Statements Regarding Activities for	Which Form 47	20 May Be Requii	red (continued)			
5 a	During 1	he year did the foundation pay or incur any amount	to					
	(1) Car	ry on propaganda, or otherwise attempt to influence	legislation (section 4	945(e))?	Yes X N	0		
	(2) Infl	uence the outcome of any specific public election (se	ee section 4955), or to	carry on,				
	dire	ctly or indirectly, any voter registration drive?			Yes X N	0		
	(3) Pro	vide a grant to an individual for travel, study, or othe				0		
		vide a grant to an organization other than a charitab						
	sec	tion 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	e page 22 of the instr	uctions)	Yes X N			
		vide for any purpose other than religious, charitable		,				
	` '	poses, or for the prevention of cruelty to children or			Yes X N			
h		inswer is "Yes" to 5a(1)-(5), did any of the transa						
	•	ions section 53 4945 or in a current notice regard		•		5b		Х
	-	ations relying on a current notice regarding disaster	•	, , ,	, L	35	1 -	
_		iswer is "Yes" to question 5a(4), does the foundation						
C					Yes X N			
		e it maintained expenditure responsibility for the grain			, res N	١		
_		' attach the statement required by Regulations sections.	• •					
6 a		foundation, during the year, receive any funds, direc		· •	Yes X N	_	1	
		sonal benefit contract?			Yes XN	l		х
D		foundation, during the year, pay premiums, directly	or indirectly, on a pers	sonal benefit contract?		6b	++	
_		to 6b, file Form 8870			□ ☑			
	•	me during the tax year, was the foundation a party		•	Yes X N		+	—
		id the foundation receive any proceeds or have any			Uinhly Daid Em-			
	t VIII	Information About Officers, Directors and Contractors		_		-		
1	List all	officers, directors, trustees, foundation man		mpensation (see pa	ge 22 of the instruct	tions).		
		(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		ise account llowances	,
				_	_			
AT	TACHI	MENT 2		0.	0.	ļ		0
						l		
						ļ		
								
						<u></u>		
		isation of five highest-paid employees (othe enter "NONE."	r than those includ	ded on line 1 - see pa	age 23 of the instru	ctions).		
	ii iioiie,	enter NONE.			(d) Contributions to	1		—
(a)	Name an	d address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		ise account, lowances	,
			devoted to position		compensation	- Carlor di		
								_
								_
						<u> </u>		—
Total	numbe	r of other employees paid over \$50,000 .					▶ NON	1E

Part VIII	Information About Officers, Directors, Trustees, Foundation Maand Contractors (continued)	anagers, Highly Paid Empl	oyees,	
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NO	ONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service		pensation
NONE				
Total number	or of others receiving over \$50,000 for professional services		▶	NONE
Part IX-A	Summary of Direct Charitable Activities			
	ation's four largest direct charitable activities during the tax year. Include relevant statistical information and other beneficianes served, conferences convened, research papers produced, etc.	ation such as the number	Expe	enses
1 N/A				
2				
				
3				_
4				
				
Part IX-B	Summary of Program-Related Investments (see page 23 of the inst			
1 NONE	wo largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amo	ount
1				
2				
	am-related investments. See page 24 of the instructions			
3 NONE				

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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

6

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

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3a

3Ь

0.

Ō.

55,500.

55,500.

Amounts set aside for specific charitable projects that satisfy the

Cash distribution test (attach the required schedule)

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

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

Suitability test (prior IRS approval required)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
•	line 7	 '			6.
2	Undistributed income, if any, as of the end of 2009				1
	Enter amount for 2008 only				
	Total for prior years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009	· · · · · · · · · · · · · · · · · · ·			
	_ i ' ''				
	From 2004			}	
	From 2005				
	F2 F16				
		238,907.			
	Total of lines 3a through e	230/301.		 	-
4	line 4 ▶ \$ 55,500.				
а	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)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
ď	Applied to 2009 distributable amount				6.
e	Remaining amount distributed out of corpus	55,494.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	294,401.			
b	Prior years' undistributed income Subtract				
С	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.				
ď	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions	,			
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page	İ			
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010	i			
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)		-		
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	294,401.			
10	Analysis of line 9				
а	Excess from 2005 19,913.				
b	Excess from 2006 94,836.				
	Excess from 2007				
	Excess from 2008 53,516.				
е	Excess from 2009 55, 494.				1

Pa	rt XIV ' Privatè Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
	If the foundation has	received a ruling or d	etermination letter that			
	foundation, and the ruling		•		. ▶	
Ь	Check box to indicate whe	Tax year	ivate operating foundation		4942()	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
	I or the minimum investment	(4) 2003	(5) 2000	(0) 2007	(0) 2000	
	return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part			1		
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
3	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-		<u>.</u>			
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
•	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)	1				
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementa	ry Information (Co	omplete this part	only if the founda	ation had \$5,000	or more in assets
_	<u>-</u>	luring the year - see	<u> </u>	structions.)		
1 a	Information Regarding List any managers of t			than 2% of the total	contributions roces	ad by the foundation
-	before the close of any	tax year (but only if th	ey have contributed in	nore than \$5,000) (Se	ee section 507(d)(2))	ed by the foundation
	B. CORRY MC	FARLAND				
b	List any managers of	the foundation who d	own 10% or more of	the stock of a corpo	ration (or an equally	large portion of the
	ownership of a partners					.
	/-					
2	N/A Information Regarding	Contribution Grant (Lift Loan Scholamhir	oto Programs:		
-	Check here ▶ ☐ If th		•	· · · · · ·	-ble	
	unsolicited requests for organizations under oth	or funds. If the found	ation makes gifts, gi	ants, etc (see page	28 of the instruction	ns) to individuals or
	The name, address, and ATTACHME	d telephone number of			ddressed	····
b	The form in which applic		litted and information a	nd materials they shou	ıld ınclude	
	APPLICATION	FORM PROVIDED	BY FOUNDATION W	ITH SCHOOL TRAI	NSCRIPT	
С	Any submission deadline					
	N/A					
d	Any restrictions or lin factors	nitations on awards,	such as by geograp	phical areas, charitab	ole fields, kınds of i	nstitutions, or other
	N/A					

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	contribution	, –				
a Paid during the year								
ATTACHMENT 4								
ATTACHTENT 4								
	1							
Total			▶ 3a	55,500.				
b Approved for future payment								
		•						
Total	<u> </u>		▶ 3b					
				Form 990-PF (2009)				

Part AVI	Allalysis of Income-Frod	ucing Acuv	ines	1		(5)
	s amounts unless otherwise indicated	Unrelate (a) Business code	ed business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
1 Program	n service revenue	Business code	Amount	Excusion code	Amount	the instructions)
a		 		_		
b		l				
c		-				
d		-				
e					<u>-</u> -	
f <u> </u>		 	-	+		
-	es and contracts from government agencies	+		+		
	rship dues and assessments	1	· · · · · · · · · · · · · · · · · · ·	 		
	on savings and temporary cash investments	 		14	9.	
	ds and interest from securities	l		+ +	9.	
	tal income or (loss) from real estate	l				
	bt-financed property	 	· · · · · · · · · · · · · · · · · · ·	+		
	t debt-financed property	 				
	al income or (loss) from personal property	 		+		197-194
	nvestment income	 		- 		
-	(loss) from sales of assets other than inventory					
	ome or (loss) from special events	 				
	profit or (loss) from sales of inventory	-	 			
_	evenue a		 ,			
						
_		 -		- 		
					- 	·
e	al Add columns (b), (d), and (e)				9.	.
						9.
	Add line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to				13	``
Part XVI				remnt Purn	nees	-
Line No.	Explain below how each active the accomplishment of the fo	ty for which	income is reported	d in column	(e) of Part XVI-A con-	
▼	page 29 of the instructions)	oundations (exempt purposes (o	Mici Maii L	y providing funds for	such purposes, (Sec
						· · · · · · · · · · · · · · · · · · ·
-						
			NOT APPLICABLE	E		
				•		-
					·	<u></u>
	•					
						
						

Form	1990-PF	(2009)				91	657118	37		Pa	age 13
Pa	rt XVI	Information Exempt Orga		ransfers To and	Transactio	ons ar	nd Relat	ionships With	Nonc	harit	able
1	in se	ction 501(c) of the C	ode (other than	engage in any of the in section 501(c)(3) organization	anizations) or					Yes	No
а	_								19(1)		х
											X
t	Other	transactions									,,
				ganization							X
				empt organization							X
				ts							X
										 	X
				undraising solicitations .						†	Х
c				er assets, or paid employee							Х
				Yes," complete the foll						fair r	narket
	value	of the goods, other	assets, or serv	rices given by the rep	orting founda	ition If	the found	dation received less	than	fair r	narket
	value	in any transaction of	r sharing arrang	gement, show in colum	nn (d) the v	alue of	the good	ls, other assets, or	service	es rec	æıved
	Line no	(b) Amount involved	(c) Name of r	nonchantable exempt organizat	tion (e	d) Decom	tion of transfe	ers, transactions, and sha	200 0000	200000	
_(4)	Line no	N/A	(C) Name on	iona lantable exempt organiza		/A	tion or wansie	is, uansacions, and sna	iliy allal	igenien	
			····			,					
		<u> </u>	ļ								
			· · · · · · · · · · · · · · · · · · ·				<u> </u>				
								 			
			 								
		· · · · · · · · · · · · · · · · · · ·		 							
2a		-	· ·	ted with, or related to, 6 501(c)(3)) or in section 527		tax-exer	mpt organi	zations described in	[es 🔀	l No
ь		s," complete the following									,
		(a) Name of organization		(b) Type of organ	ization			(c) Description of relations	ship		
											
		· · · · · · · · · · · · · · · · · · ·									
			· · · · · · · · · · · · · · · · · · ·								
						-					
	Under	penalties of perjury, I deck	are that I have ex	amined this return, including of preparer (other than taxpa	accompanying	schedule	es and stater	nents, and to the best	of my ki	nowledg	je and
	, belief,	~ //		or proparer touter than taxpa	رورها المعادية المعارض	1, -/	/ _~ ?	` .	L	iy Kilon	leage
	1	Jan.	ran	a d	<u> </u>	14/	<u>///</u>		α		
ere	Sı	gnature of officer or trustee			Dat	te		Trile	udonti6		
Sign Here	Pald Preparer's Use Only	Preparer's signature	yc.li	CPA CPA	8/19/201	1.	Check if self-employe	Preparer's number (S page 30 of the P00013	ee Signa he ınstru	iture or	ı
	Pa Prepa Use (Firm's name (or yoursus	BDO US	SA, LLP	· *			EIN ► 13-5381	590		
	4 ⊃	self-employed), address	601 W.	RIVERSIDE AVEN	UE, SUITE						
		and ZIP code	SPOKAN	IE, WA		9920	1-0611	Phone no 509-7	47-80	95	
								F	om 99	0-PF	(2009)

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

2009

Name of the organization	AND DONNA J. FOUNDATION	Employer identification number
MCFARLAND, B. CORRI	AND DONNA U. FOUNDATION	91-6571187
Organization type (check one		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mone contributor. Complete Parts I and II	ore (in money or
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a c 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	ontribution of the greater
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any occurributions of more than \$1,000 for use exclusively for religious, charitables, or the prevention of cruelty to children or animals Complete Parts I, II, and II	e, scientific, literary, or
the year, contribution aggregate to more the year for an exclusive applies to this organi	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ones for use exclusively for religious, charitable, etc., purposes, but these contributions 11,000. If this box is checked, enter here the total contributions that were rely religious, charitable, etc., purpose. Do not complete any of the parts unless exation because it received nonexclusively religious, charitable, etc., contributions.	outions did not eceived during the the General Rule ins of \$5,000 or more
990-EZ, or 990-PF), but it mus or on line 2 of its Form 990-PF, 990-PF)	s not covered by the General Rule and/or the Special Rules does not file Scheet answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of to certify that it does not meet the filing requirements of Schedule B (Form 990).	ıts Form 990-EZ, 0, 990-EZ, or
For Privacy Act and Paperwork Redu for Form 990, 990-EZ, or 990-PF	ction Act Notice, see the instructions Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2009)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)		Page of of Part
Name of o	organization MCFARLAND, B. CORRY AND DONNA	A J. FOUNDATION	Employer Identification number 91-6571187
Part I	Contributors (see instructions)	L	51 03/110/
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	B. CORRY MCFARLAND		Person X
	PO BOX 1496	\$\$55,100.	Payroll Noncash
	TACOMA, WA 98401-1496		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ \$	Person 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
		\$	Person 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
		 \$	Person 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
			Person Payroll Noncash (Complete Part II if there is

a noncash contribution)

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

Person Payroli Noncash

a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is

(a)

No.

(b)

Name, address, and ZIP + 4

(c) Aggregate contributions

0163432

91-6571187

ATTACHMENT

Y CASH INVESTMENTS	
CASH	
ON TEMPORARY	
NO	
INTEREST	
ı	I
H	
PART	
990PF,	
FORM	

REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME	.0.	
DESCRIPTION	CITIGROUP SMITHBARNEY	

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
B. CORRY MCFARLAND PO BOX 1496 TACOMA, WA 98401-1496	DIRECTOR	·	.0	.0
DONNA J. MACFARLAND PO BOX 1496 TACOMA, WA 98401-1496	DIRECTOR	Ö	ö	.0
	GRAND TOTALS	0	0.	0

0163432

ATTACHMENT 3

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

B.CORRY & DONNA J. MCFARLAND FDN PO BOX 1496 TACOMA, WA 98401 253-572-3033

. . . .

ATTACHMENT 4

,	Į.	39,000	0000	10,000	500	55,500
	AMOUNT	39,	v v	10,		5.5
	PURPOSE OF GRANT OR CONTRIBUTION	PROMOTE RELIGION	TUITION ASSISTANCE	PROVIDE FOR ORGANIZATIONS IN NEED OF ASSISTANCE	INCREASE CULTURAL AWARENESS AND APPRECIATION	TOTAL CONTRIBUTIONS PAID
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	
	RECIPIENT NAME AND ADDRESS	MARINE VIEW PRESBYTERIAN 8469 EASTSIDE DRIVE NE TACOMA, WA 98422	ANTIOCH UNIVERSITY - BECKY FREEMAN 2326 SIXTH AVENUE SEATTLE, WA 90121	LEMAY MUSEUM 325 152ND ST E TACOMA, WA 98445	WASHINGTON CULTURAL EXCHANGE 15401 63RD AVE NE KENMORE, WA 98028	

PAGE 19 ATTACHMENT 4

Form 8	858 (Rev. 4-2009)			Page
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only	/ Part II a	nd check this box	X
	. Only complete Part II if you have already been granted an automatic 3-month exter			
• If y	you are filing for an Automatic 3-Month Extension, complete only Part I(on page	e 1).		
	Additional (Not Automatic) 3-Month Extension of Time. Only		original (no cor	oies needed).
	Name of Exempt Organization	を	Employer identifi	
Type			91-657118	37
File by	Number street and man or suite no. If a B.O. how see instructions		For IRS use only	
extend	ded PO BOX 1496			
due da filing ti	he City, town or post office, state, and ZIP code. For a foreign address, see instructions.	25.1		图
retum. instruc				
Chec	k type of return to be filed (File a separate application for each return):	12 Pactorial		337 237 1227
	Form 990 X Form 990-PF		Form 1041- A	Form 6069
П	Form 990-B L Form 990-T (sec. 401(a) or 408(a) tr ust)		Form 4720	Form 8870
	Form 990-EZ Form 990-T (trust other than above)		Form 5227	
STO	Pl Do not complete Part II if you were not already granted an automatic 3-mo	onth exter		ously filed Form 8868.
• Th	e books are in the care of ▶ B. CORRY MCFARLAND			
	lephone No. ▶ 253 572-3033 FAX No. ▶			
	he organization does not have an office or place of business in the United States, ch	eck this bo	×	
	his is for a Group Return, enter the organization's four digit Group Exemption Numb			this is
	e whole group, check this box		▶ and attac	ch a
	ith the names and EINs of all members the extension is for.		• —	
4	I request an additional 3-month extension of time until 11/15/2010			
5	For calendar year 2009, or other tax year beginning	and en	ding	
6	If this tax year is for less than 12 months, check reason: Initial return	Final retu	rn Chang	e in accounting period
7	State in detail why you need the extension			
	TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER NECESSARY I	NFORMAT	ION TO	
	FILE A COMPLETE AND ACCURATE RETURN.			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	ne tentative	tax, less any] "
	nonrefundable credits. See instructions.			8a \$ NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	ole credits	and estimated	
	tax payments made. Include any prior year overpayment allowed as a credi	it and any	amount paid	
	previously with Form 8868.			86 \$ NONE
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form	n, or, if red	julred, deposit	'
	with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment	System). S	ee instructions.	BC \$ MONE
	Signature and Verification			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules	and statemer	its, and to the best o	of my knowledge and belie
it is tru	re, correct, and complete, and that I am authorized to prepare this form.			
	1.1.1 100	* D1-		
Signat	ure Title >	TH	Date	► 8/13/2010
	BDO/USA/LIAP			Form 8868 (Rev. 4-2009)
	601 W. RIVERSIDE AVENUE, SUITE 900			
	SPOKANE, WA 99201-0611			