

# 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



Form **990-PF** 

Department of the Treasury

## **Return of Private Foundation**

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

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

2009

OMB No 1545-0052

			auon may i	be able to use a copy of this		rung requirements.	
		dar year 2009, or tax year beginning			, and ending		
G C	heck	all that apply: Initial return			rmer public charity	Final return	1
		Amended retu	rn	Address chang	je 🗀	Name change	<del></del>
Use	the I	RS Name of foundation				A Employer identification	n number
ı	abel.						
Oth	erwis					91-6572932	
	print	Number and street (or P O box number if	mail is not de	elivered to street address)	Room/suite	B Telephone number	
	type					(208)489-8	3251
	Spec	I GILV OF LOWIT. STATE, ATTO ZEP COUR				C If exemption application is p	pending, check here
11151	uctio	BOISE, ID 83701	<u> -2563</u>	<u></u>		D 1. Foreign organization	
H C	heck	type of organization: X Section 5	01(c)(3) ex	empt private foundation		2 Foreign organizations me check here and attach or	seting the 85% test, pomputation
	] Sec	ction 4947(a)(1) nonexempt charitable tr	ust	Other taxable private founda	tion	E If private foundation sta	
I Fa	ır ma	rket value of all assets at end of year   J	Account	ng method: X Cash	Accrual	under section 507(b)(1	
(fr	om F	Part II, col (c), line 16)	Ot	her (specify)		F If the foundation is in a	60-month termination
•	\$	342,200. (F	Part I, colu	mn (d) must be on cash b	oasis.)	under section 507(b)(1	
Pa	rt I	Analysis of Revenue and Expenses		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (in necessarily equal the amounts in column (a))	a) may not	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receive	d	151,515.		N/A	
		Check X if the foundation is not required to att			· · · · · · · · · · · · · · · · · · ·		
<b>?</b>	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities		110.	110.		STATEMENT 2
		Gross rents					
<b>&gt;</b>		Net rental income or (loss)			•		
	_	Net gain or (loss) from sale of assets not on line	10	-718.	•		STATEMENT 1
anue	h	Gross sales price for all		7200			
~	7	assets on line 6a 100,  Capital gain net income (from Part IV, line 2)	, , , ,		144,297.		
) &	1	Net short-term capital gain			144,2016		
	9	Income modifications					
のできる。		Gross sales yes of bris WED					
7	b	less Cost of goods sold					
Š	C	1001 175					<u> </u>
n)		diver income (lose) 4 5010	1				
	12	Total Add lines 1 through 11	1	150,907.	144,407.		
	13	Compensation of officers, phrectors trustees, e		0.	0.		0.
		Other employee salaries and wages	•				<u> </u>
		Pension plans, employee benefits					-
es		Legal fees					
šuš		Accounting fees STM	nr 3	1,050.	840.		210.
Expens		Other professional fees	1 3	1,050.	040.		210.
ē M		Interest					
ativ		Taxes STM	т <b>1</b>	2,871.	0.		0.
str	19	Depreciation and depletion	. <del>.</del>	2,071.	•		
Ë		Occupancy					
퉏		Travel, conferences, and meetings					
ğ		Printing and publications					
g a		Other expenses					
Ę		Total operating and administrative	-				
Operating and Administrative		expenses. Add lines 13 through 23		3,921.	840.		210.
o	25	Contributions, gifts, grants paid		12,500.	0=0.		12,500.
		Total expenses and disbursements		12,300			14,500
	-0	Add lines 24 and 25		16,421.	840.		12,710.
	27	Subtract line 26 from line 12:		10, 421.	0-20 •		
			mant-	134,486.			
		Excess of revenue over expenses and disburse Net investment income (if negative, enter-		134,400.	143,567.		<del> </del>
		Adjusted net income (if negative, enter -0-)				N/A	
	<u> </u>	Trajantou not mounte (ii negative, enter -0-		<u> </u>			<del></del>

Form **990-PF** (2009

	,	•			
For	m 99	00-PF (2009) THE TZO'-NAH FUND			572932 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	<del>`</del>
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	204,843.	342,200.	342,200.
	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			
		disqualified persons			
	7	Other notes and loans receivable			
	`	Less: allowance for doubtful accounts ▶	-	·	•
s	8	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges	582.		
As	ı	Investments - U.S. and state government obligations			
	l	Investments - corporate stock			
	-	Investments - corporate bonds			
	l l	Investments - tand, buildings, and equipment: basis			
	''	Less accumulated depreciation		-	
	12	Investments - mortgage loans		-	<del> </del>
	13	Investments - other			
		Land, buildings, and equipment basis			
	'	Less accumulated depreciation			-
	15	Other assets (describe )			
	'3	Other assets (describe >			
_	16	Total assets (to be completed by all filers)	205,425.	342,200.	342,200.
	17	Accounts payable and accrued expenses		2,289.	
	18	Grants payable			
Ś	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
<b>=</b>	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	_0	2,289.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted			
aŭ	25	Temporarily restricted			
Ba	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31			
Š	27	Capital stock, trust principal, or current funds	205,425.	339,911.	
Sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
É	30	Total net assets or fund balances	205,425.	339,911.	
~	-				
	31	Total liabilities and net assets/fund balances	205,425.	342,200.	

# Part III Analysis of Changes in Net Assets or Fund Balances

_	Table March and Addition of the Control of the Cont		T	
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1		205,425.
2	Enter amount from Part I, line 27a	2		134,486.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		339,911.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		339,911.

- (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How P - Pu D - Do	acquired rchase nation	(c) Date acquired (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
1a 6,500 SHARES C	ISCO SYSTEMS STO	OCK			D 12/17/09 12		
<u>b</u>						·	
<u>C</u>							
e e				<del>                                     </del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (l (e) plus (f) min	
a 150,797.			6,50	0.			144,297
b		<u> </u>					
C							
d e					<del></del> -		
	g gain in column (h) and owned by	the foundation	on 12/31/69		(	I) Gains (Col. (h) g	jain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		co	l. (k), but not less Losses (from c	than -0-) <b>or</b> ol. (h)) 
a						,	144,297
b							
<u>C</u>		<u> </u>					
<u>d</u>		<del> </del>					
<u>e</u>	<u> </u>	J		$\overline{}$			
2 Capital gain net income or (net ca	pital loss) {   if gain, also enter -0	er in Part I, line )- in Part I, line	<i>7</i> 7	<u>}</u>			144,297
3 Net short-term capital gain or (los		nd (6):		٦	<u> </u>		
If gain, also enter in Part I, line 8, or If (loss), enter -0- in Part I, line 8	соштп (с).			) <sub>3</sub>		N	/A
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Invest	ment In	come	
	ion 4942 tax on the distributable ar	omplete this pa	ırt.				Yes X No
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncharitab	le-use assets	Di:	(d) stribution ratio divided by col. (c))
2008		12,731.		2	11,76		.060119
2007	10	7,368.		2	10,974	4.	.50891
2006	3	33,335.			57,36		.211839
2005		0.			72,64	7 •	.000000
2004	<u> </u>					<del>-  </del>	<del> </del>
2 Total of line 1, column (d)						2	.780874
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5,	or by the number	r of years			
the foundation has been in exister	•		•	·		3	.19521
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X,	, line 5				4	212,680
5 Multiply line 4 by line 3			5	41,519			
6 Enter 1% of net investment income (1% of Part I, line 27b)			6	1,436			
7 Add lines 5 and 6						7	42,955
8 Enter qualifying distributions from						8	12,710
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usir	ng a 1% ta	x rate.		
Job and Fart Translationio.	<del></del>						

orm	1990-PF (2009) THE TZO'-NAH FUND	<u>91-</u>	<u>6572</u>	<u> 1932</u>		Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  I and enter "N/A" on line 1.		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 and enter 1%	1	<u> </u>		2,8	71.
	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				0.
3	Add lines 1 and 2	3			2,8	<u>71.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			2,8	71.
6	Credits/Payments:		1			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 582	•				
b	Exempt foreign organizations - tax withheld at source 6b		1			
C	Tax paid with application for extension of time to file (Form 8868)  6c	_	1			
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7	ļ <u> </u>	_	5	<u>82.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>		<u>2,2</u>	<u>89.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	<u>  11                                  </u>	<u> </u>			
	rt VII-A Statements Regarding Activities			<del></del>	1.7	<b>.</b>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in		ļ	res	No
_	any political campaign?	_		<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			<u>1b</u>	<u> </u>	X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.			-	-	
	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
_	· · · · · · · · · · · · · · · · · · ·	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers.  \$			2		x
2				<del></del> -		
2	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	0.5		1	}	
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, 01		3	Ì	x
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	<del> </del>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,,	5		X
•	If "Yes," attach the statement required by General Instruction T.	-				<del></del> -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
_	By language in the governing instrument, or				ŀ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate 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?			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)					
	ID					
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 c	alendar			_	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

orm	orm 990-PF (2009) THE TZO'-NAH FUND	91-6572932	Page 5
Pa	Part VII-A   Statements Regarding Activities (continued)		
11	11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	meaning of	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
12	12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		
	August 17, 2008?	12	<u> </u>
13	13 Did the foundation comply with the public inspection requirements for its annual returns and exemptio	on application? 13	X
	Website address ► N/A		
14	14 The books are in care of ► TZO'-NAH	Telephone no. $\triangleright$ (208)489 – 8	
	Located at ▶P.O. BOX 2563, BOISE, ID	ZIP+4 <b>►83701</b> -	<u>-2563</u>
15	15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶□
_	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15 N/	<u>/A</u>
Pa	Part VII-B   Statements Regarding Activities for Which Form 4720 May		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applie	es	Yes No
1a	1a During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?	Yes X No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	ľ
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?	Yes X No	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period after		
	termination of government service, if terminating within 90 days.)	Yes X No	
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in I	Regulations	-
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instruction	ons)? N/A 1b	
	Organizations relying on a current notice regarding disaster assistance check here	▶□	
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, t	that were not corrected	
	before the first day of the tax year beginning in 2009?	1c	X
2	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pri	vate operating foundation	
	defined in section 4942(j)(3) or 4942(j)(5)):		
а	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part X		
	before 2009?	Yes X No	1
	If "Yes," list the years <b>&gt;</b>		
b	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	İ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years list	ted, answer "No" and attach	
	statement - see instructions.)	N/A 2b	
C	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	iere.	
	<b>&gt;</b>		
3a	3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ne l	
	during the year?	Yes X No	
b	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 und	er section 4943(c)(7)) to dispose	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding	period? (Use Schedule C,	_
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A 3b	
48	4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable j		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopa		
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	x_

Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2009) THE TZO'-NAH FUND			91-65729	32	Page 6
(a) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(s))?  (b) Influence the outcome of any specific public election (see section 4955); or to carry on, directly, any veter registration drive?  (c) Provide a grant to an individual for travel, study, or other similar purposes?  (d) Provide a grant to an individual for travel, study, or other similar purposes?  (e) Provide a grant to an individual for travel, study, or other similar purposes?  (f) Provide for any purpose other than eridgious, charitable, scentific, letrary, or educational purposes, or for the prevention of cruelty to children or animals?  (f) Provide for any purpose other than eridgious, charitable, scentific, letrary, or educational purposes, or for the prevention of cruelty to children or animals?  (f) Provide a reference of the statement entire regarding disaster assistance (see instructions?)  (f) I may answer of "Set 53(1)4), does the foundation chain exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, and the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (g) Yes (g) No (h) Formal 870.  (a) Name and address of each employees, foundation managers and their compensation.  (a) Name and address. Foundation managers and their compensation.  (b) Titing, and average and contractions and average and contractions and average and contractions.  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Name and address of each employee pad more than \$50,000 to 10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Part VII-B   Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
(a) Influence the outcome of any specific public election (see section 4955); or to carry on, decely or indirectly, any voter reportation driver?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section \$90(8)(1); (2) or (3) or section 494(0)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to different or animals?  (a) If yes a section 53.494 for in a current ordice regarding desaster assistance feeds there or the section section of the section	5a During the year did the foundation pay or incur any amount to:					T
any voter registation drive?  (3) Provide a grant to an indevidual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section \$00(a)(1), (2), or (3), or section \$900(a)(1), (2), or (3),	. (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(3) Provide a grant to an organization other than a charitable, etc., organization described in section S05(1/1, 1/2), or (3), or section 4940(0)(2)?  (5) Provide for any purpose other than reliapous, charitable, escentific, literary, or educational purposes, or for the prevention of cruelly to individen or animals?  b I law y answer s "Yes" to \$4(1), 6(3), 6 did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  Organizations relying on a current notice regarding disastes assistance (see instructions)?  N/A   Yes   No    8 Out the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  B Out the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes   No    B Out the foundation receives any premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes   No    B Out the foundation receives any premiums, directly or indirectly, on a personal benefit contract?  If yes, do the foundation receives any premiums, directly or indirectly, on a personal benefit contract?  It is stall officers, directors, furnished assistance and premium ana	(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section  508(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  I arm asswer s' Yes 105 (a)(1), dut any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations religing on a current notice regarding disaster assistance (see instructions)?  Organizations religing on a current notice regarding disaster assistance (see instructions)?  Organizations religing on a current notice regarding disaster assistance (see instructions)?  I arm asswer is "Yes to question 53.494.50 does the foundation, during the year, recover any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes 100 his form 87 yes, a premiums, directly or indirectly, to a personal benefit contract?  I arm yime during the tax year, was the foundation party to a prohibited tax sheller transaction?  I arm yime during the tax year, was the foundation party to a prohibited tax sheller transaction?  I arm yime during the tax year, was the foundation party to a prohibited tax sheller transaction?  I arm yime during the tax year, was the foundation party to a prohibited tax sheller transaction?  I arm yime during the tax year, was the foundation managers and their compensation.  (a) Name and address foundation managers and their compensation.  (b) Iffe, and average hours perfectly the property of the property of the party of the property of the party of the property o	any voter registration drive?					
Soligia (1), (2), or (3), or section 494(0)(2)?	(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sqt ()-(6), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructionis)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes", attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, required any thing of the foundation of a personal benefit contract?  If "Yes" to E., file Form 887.0.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part Yill Part State the foundation receives any proceeds or have any net income attributable to the transaction?  I List all officiers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average for the paid, effectively effectively or the paid.  (c) Compensation (c) Compensation (d) Compensation (e) Com	(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
b If any answer is "Yes" to \$6 (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to quision \$64(), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$5.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to \$6, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to \$6, the Form 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If "Yes" to \$6, the Form 8870.  Take the foundation of the transaction of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  [4] Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  [4] Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  [5] Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  [6] Expense additional parts of the paid of the pa	509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section SA:4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section S3:4945-5(c).  6a Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," attach the statement required by Regulations section S3:4945-5(c).  6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," attach the statement required by Regulations section S3:4945-5(c).  6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," attach the statement required by Regulations a party to a problemation as a personal benefit contract.  If "Yes," attach the statement required by Regulations a party to a problemation as a personal benefit contract.  If "Yes," attach the statement required by Regulations a party to a problemation as a personal benefit contract.  If "Yes," attach the statement required by Regulations and the statement of the statement required by Regulations and the statement of the statement required by Regulations and the statement of the statement of the statement required by Regulations and the statement of t	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 53(4), does the foundation alian exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any their during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes are the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted (fin to paid, either d).  TEO' - NAH  P.O. BOX 2563  BOISE, ID 83701  1.00  0.0.  (c) Compensation (d) Compensation (e) Expense account, other compensation.  TRUSTEE  (a) Name and address of each employee gaid more than \$50,000  (b) Title, and average hours per week devoted (p) position  (c) Compensation (d) Compensation (e) Expense account, other allowances allowances.  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted (p) position (e) Compensation (e) Expense account, other allowances allowances.  (c) Compensation (e) Compensation (e) Expense account, other allowances allowances.  (d) Compensation (e) Expense account, other allowances allowances allowances.  (e) Expense (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Expense allowances allowances allowances.	·			s LX_ No		
Cil the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  5a Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b H "Yes," both, file Form \$870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If yes, did the foundation receive any proceeds or have any net mome attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, furestees, Spandation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week develor to position t			ın Regulations			
c. If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," to Sh, file Form 8370.  A 4 tary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  List all officers, directors, Tustees, foundation managers and their compensation.  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, Tustees, foundation managers and their compensation.  TZO! "NAH  P.O. BOX 2563  BOISE, ID 83701  1 . 0 0 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .				N/A	5b	-
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average (c) Compensation (file to paid, enter -0.)  TZO '-NAH  TRUSTEE  P.O. BOX 2563  BOTSE, ID 83701  1.00  0.0.  0.0.  C) Compensation of five highest-paid employees (other than those included on line 1), if none, enter "NONE."  (b) Title, and average (b) Title, and average (c) Compensation (file paid, enter -0.)  A tax of the paid of the pa						
## Pres, "attach the statement required by Regulations section \$3.4945-5(d).  ## Bold the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  ## Pres" to 6b, file Form 8870.  ## At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## At any time during the tax year						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If or the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted for position  TZO'-NAH  TRUSTEE  P.O. BOX 2563  BOISE, ID 83701  1.00  0.0.  0.0.  1.10 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  1.00 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on lin			I/A L Ye	s L No	-	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes I No 6b   X  If "Yes 10 80, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (a) Name and address  (a) Name and address  TZO'-NAH  P.O. BOX 2563  BOISE, ID 83701  1.00  0.0.  (b) If the and average hours previous devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Continuous term for the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Continuous term for the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense devoted the position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Continuous term for the highest paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense devoted the position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense at a demice of the paid						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, file Form 8870.  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  If ormation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted per week devoted enter -0-)  TZO '-NAH  TRUSTEE  P.O. BOX 2563  BOISE, ID 83701  1.00  0.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted by the first of the position of the highest paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Castellones is defented address of each employee and more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Castellones is defented address of each employee and more than \$50,000  (e) Forms of the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Castellones is defented address of each employee and more than \$50,000  (b) Title, and average devoted to position expenses the enter short address of each employee address of each employee and more than \$50,000  (c) Compensation (c) Compensation (d) Castellones is defented address of each employee and expenses (e) Expense (e) Expens		pay premiums on				
If "Yes" to 6b, file Form 8870. To At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	•		Ye	ľ	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		ersonal benefit contract?			6b	<del>  X</del>
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII	•			[TE]		
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address   (b) Title, and average hours per week devoted to position   (fl not paid, enter -0-)   (throt pa			Ye			-
List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position TZO'-NAH TRUSTEE P.O. BOX 2563 BOISE, ID 83701 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Information About Officers Discators Tweet		nagana Uighb		/D	
1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position  TZO'-NAH  P.O. BOX 2563  BOISE, ID 83701  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (f) Compensation  (f) Compensation  (f) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense account, other allowances  (c) Compensation  (d) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and average hours per week devoted to position  (e) Compensation  (e) Compensation  (d) Compensation  (e) Compensation  (d) Compensation  (e) Compensation  (d) Compensation  (e) Expense account, other allowances  (e) Compensation	Part VIII Paid Employees, and Contractors	ees, roundation Ma	magers, migniy	,		
(a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (b) Top aid, enter -0-1.  TZO '-NAH P.O. BOX 2563 BOISE, ID 83701  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation (c) Compensation (d) Compensation (log Department and Address (e) Expense account, other allowances (e) Expense account (e) Expen	1 List all officers, directors, trustees, foundation managers and their	compensation.				
TZO'-NAH P.O. BOX 2563 BOISE, ID 83701  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Communication employees account, other allowances of more state and average hours per week devoted to position  (e) Expense account, other allowances of more state and average hours per week devoted to position  (c) Compensation enter "NONE."		(b) Title, and average		(d) Contributions to	(e) E	xpense
TZO '-NAH P.O. BOX 2563 BOISE, ID 83701  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation (c) Compensation of the highest-paid employee paid more than \$50,000 allowances	(a) Name and address	nours per week devoted to position		and deferred compensation	accou	mi, other wances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average house per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee territ plans account, other allowances  (e) Expense account, other allowances	TZO'-NAH	TRUSTEE				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation (d) Contributions to employee band in class account, other allowances	P.O. BOX 2563					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances	BOISE, ID 83701	1.00	0.	0.		0.
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans additional address of each employee benefit plans and defined compensation  (e) Expense account, other allowances			. "11015"			
(a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation employee band to position deterred compensation allowances  NONE	2 Compensation of five highest-paid employees (other than those inc	<del></del>	enter "NONE."	(d) Contributions to	/a\ [	voorce
NONE devoted to position compensation allowances	(a) Name and address of each employee paid more than \$50,000	i ` 'hours per week -	(c) Compensation	employee benefit plans	accou	ınt, other
		devoted to position			allo	wances
Total number of other employees paid over \$50,000	NONE					
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000			1			<del></del>
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000	<u> </u>					
Total number of other employees paid over \$50,000	-					
Total number of other employees paid over \$50,000	<del></del>		<del>                                     </del>	-	<b></b>	
Total number of other employees paid over \$50,000						
	Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<b></b>		0

Form 990-PF (2009) THE TZO'-NAH FUND	91-	6572932 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 statistica number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
SEE STATEMENT 5		12,000.
2		
SEE STATEMENT 6 3		500.
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		0.
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	215,919.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	215,919.
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	215,919.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,239.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	212,680.
6	Minimum investment return Enter 5% of line 5	6	10,634.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	10,634
2a	Tax on investment income for 2009 from Part VI, line 5 2,871.		_
	Income tax for 2009. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	2,871
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,763.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,763.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,763.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,710.
b	Program-related investments - total from Part IX-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:		
a	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	12,710
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	12,710
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation	qualifies for th	

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI, line 7				7,763.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
S roum of prior years		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</b> From 2005				
c From 2006 28,678.				
d From 2007 100,083.				
e From 2008 2,217.				
f Total of lines 3a through e	130,978.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: $\triangleright$ \$ 12,710.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</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.		<del>, ,, </del>	
d Applied to 2009 distributable amount				7,763.
e Remaining amount distributed out of corpus	4,947.		· · · ·	
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	135,925.			
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	135,925.			
O Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 28,678.				
c Excess from 2007 100, 083.				
d Excess from 2008 2, 217.				
e Excess from 2009 4,947.				
				Earm QQA_DE (2000)

	'-NAH FUND				72932 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	N/A	
<ul> <li>1 a If the foundation has received a ruling of</li> </ul>	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo			▶	· · · · · · · · · · · · · · · · · · ·	<del></del>
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	İ				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	1				
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
• •					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					<del> </del>
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on	i				
securities 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)					
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income					
Part XV Supplementary Info			if the foundatior	n had \$5,000 or m	ore in assets
at any time during t	the year-see the i	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
TZO'-NAH					
b List any managers of the foundation wh			or an equally large porti	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	ıduals or organizations u	nder other conditions, c	complete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b The form in which applications should l	ne submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	<del></del>
<u>-</u>		,			

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	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year NATIVE AMERICAN COMMUNITY DEVELOPMENT CENTER PO BOX 3029 BROWNING, MT 59417			TO PROMOTE DEVELOPMENT OF BUSINESS NETWORKS.	12,000.		
THE PEACE CORPS 1111 20TH STREET NW WASHINGTON, DC 20526			TO SUPPORT THE SOLAR COOKING PROJECT.	500.		
Total	Т	<del></del>	<u>▶ 3a</u>	12,500.		
b Approved for future payment  NONE						
	_		<u> </u>			
Total			<b>▶</b> 3b	0.		

## Part XVI-A Analysis of Income-Producing Activities

enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
С		·			
d					
е	1	·			
f		_			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		<u> </u>	14	110.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income		***			
8 Gain or (loss) from sales of assets other	1				
than inventory			18	-718.	
9 Net income or (loss) from special events		<del></del>			
O Gross profit or (loss) from sales of inventory		.=			
1 Other revenue:					
a	.		$\vdash$		
b			1		
C	-		<del>  </del>		
d	-				
e				600	
2 Subtotal. Add columns (b), (d), and (e)		0.			0
3 Total. Add line 12, columns (b), (d), and (e)				13	-608
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which inci	nme is reported in	column (e) of Part XVI-	\ contrib	uited importantly to the accor	nnlishment of
the foundation's exempt purposes (other than	) by providing fund	ds for such purposes).	1 COITE IO	accomportantly to the accom	ipiioiiiiioiii oi
	-,,-			<del></del>	
				<del></del>	
		-	·		
					<del></del>
				· · · · ·	
				· · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			
	_			· ·	
	-			_	

Form 990-PF (2009) THE TZO'-NAH FUND 91-6572932 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 

1		-	rectly engage in any of the followi			501(c) of	$\vdash$	res	NO
			(3) organizations) or in section 5		zations?				
а	Trans	fers from the reporting founda	ation to a noncharitable exempt o	rganization of:					
	(1) (	ash					1a(1)		X
	(2)	ther assets					1a(2)		X
b	Other	transactions:							_
	(1) S	ales of assets to a noncharital	ble exempt organization				1b(1)		<u> </u>
			ncharitable exempt organization				1b(2)		X
		lental of facilities, equipment,					1b(3)		X
	. ,	leimbursement arrangements					1b(4)		X
		•					1b(5)		X
		oans or loan guarantees	mberebin er fundralang selleitet						
			mbership or fundraising solicitati				1b(6)		X
			iling lists, other assets, or paid er				1c		<u>X</u>
d			"Yes," complete the following sch	• • •				ets,	
			oundation. If the foundation recer		e in any transaction or	sharing arrangement, sh	10W IN		
	colun		other assets, or services received		•				
<u>(a)</u>	Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of t	ransfers, transactions, and s	haring an	angeme	ents
			N/A						
				·					
					1				
				<del></del>					
				<del>-</del>	<u> </u>				
				·····					
									-
					<del>- </del>				
									,
	ın sec	<del>-</del>	tly affiliated with, or related to, on r than section 501(c)(3)) or in sec edule.	• =	rations described		Yes	X	] No
_		(a) Name of org	anization	(b) Type of organization	(c)	Description of relationsh	ıp		
		N/A							
								•	
						<del> </del>			
						<del></del>			
				<del>                                     </del>					
$\neg$	Undern	enalties of perium. I declare that I h	ave examined this return, including acc	mnanying schedules and statem	ente and to the heet of my	knowledge and belief it is to	110 COTTO	ct	
			r than taxpayer or fiduciary) is based or		has any knowledge	who woo ago and bollon, it to a	40, 00110	O.,	
	<b>)</b> -	131	)-1Van	2/12/10	TRUSTEE				
Sign Here	Sı	gnature of officer or trustee		Dayte '	Title				
핕		Preparer's		D	ate Check		's identify	/ing nun	nber
Š	aid arer's Only	signature DOUGL	AS E. BLACK	0	4/12/10 self- emplo	yed 🕨 🔲			
~	Paid Preparer' Use Only	Firm's name (or yours LITT				IN ▶		_	
-	g gas Usa			SUITE 810	-  -				
	ر ہے	address, and ZIP code BOIS		JULIU ULU	ا	hone no. (208)	3/	4-2	666
			B, ID USIVA				m <b>990</b>		
						FOR	111 99U	-rr (	ZUU9)

FORM 990-PF GAIN OF	R (LOSS)	FROM	I SALE	OF	ASSE	TS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY					MANN ACQUI		DA ACQU	TE IRED	DATE SO	)LD
6,500 SHARES CISCO SYSTEMS ST	rock						12/1	7/09	12/18/	09
GROSS VAI	(C) LUE AT OF ACQ.	EΣ	(D) KPENSE SALE	OF		(E) EPRE		GAIN	(F) I OR LOSS	5
150,797.	151,515.			0	•		0.		-71	8.
CAPITAL GAINS DIVIDENDS FROM	PART IV									0.
TOTAL TO FORM 990-PF, PART I	, LINE 62	<b>\</b>							-71	8.
FORM 990-PF DIVIDENI	OS AND IN	ITERI	EST FRO	MC	SECUR	ITIE	S	STA	TEMENT	2
SOURCE	GF	ROSS	AMOUN	r		TAL VIDE	GAINS NDS	CC	LUMN (A) AMOUNT	)
PRIME MONEY MKT FD			110	0.			0.		11	١٥.
TOTAL TO FM 990-PF, PART I, I	LN 4		110	). —			0.		11	١Ο.
FORM 990-PF	ACCOU	JNTI	NG FEE	5 5				STA	TEMENT	3
	(A) EXPENSE PER BOO		NET I		ST- OME	AD	(C) JUSTE INCO		(D) CHARITAN	
DESCRIPTION		7110	MENT .				11100		PURPOSI	£S
DESCRIPTION		50.	MENT .		840.			<del></del>		<u>.</u> 0.

FORM 990-PF	TAX	S	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
EXCISE TAX ON INVESTMENT INCOME	2,871.	0.			0.
TO FORM 990-PF, PG 1, LN 18	2,871.	0.			0.
ACTIVITY ONE		RITABLE ACTIVI		TATEMENT	<u> </u>
	LE ORGANIZAT ASSIST NATIV TO SERVE TH A PART OF CO HE PROCESS O	ION WHICH SUPE E COMMUNITIES OSE COMMUNITIE MMUNITY-BASED F ASSISTING TH	PORTS IN ES. ACTION	TATEMENT	5
ACTIVITY ONE  PROVIDED FUNDS TO A CHARITABLE AND CONDUCTS PROGRAMS WHICH A DEVELOPING BUSINESS NETWORKS THESE BUSINESS NETWORKS ARE A THAT PLAYS A LARGE ROLE IN THE	LE ORGANIZAT ASSIST NATIV TO SERVE TH A PART OF CO HE PROCESS O	ION WHICH SUPE E COMMUNITIES OSE COMMUNITIE MMUNITY-BASED F ASSISTING TH	PORTS IN ES. ACTION	EXPENSES	
ACTIVITY ONE  PROVIDED FUNDS TO A CHARITABLE AND CONDUCTS PROGRAMS WHICH A DEVELOPING BUSINESS NETWORKS THESE BUSINESS NETWORKS ARE A THAT PLAYS A LARGE ROLE IN THE	LE ORGANIZAT ASSIST NATIV TO SERVE TH A PART OF CO HE PROCESS O MIC SOVEREIG	ION WHICH SUPE E COMMUNITIES OSE COMMUNITIE MMUNITY-BASED F ASSISTING TH	PORTS IN ES. ACTION		

#### ACTIVITY TWO

PROVIDED FUNDS TO A CHARITABLE ORGANIZATION FOR A PROJECT TO TRAIN INDIGENOUS WOMEN IN MEXICO IN THE USE OF SOLAR COOKING HOTPOTS. SOLAR COOKING IS HEALTHY FOR THE COMMUNITY AND FOR THE ENVIRONMENT, REDUCING THE DEPENDENCE ON BIOMASS FOR HEATING AND COOKING AS WELL AS REDUCING RESPIRATORY HEALTH PROBLEMS.

TO FORM 990-PF, PART IX-A, LINE 2 500.