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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

OMB No 1545-0052

2009

Department of the Internal Revenue	Treasury Service	lote:	The foundation	may b	Tre e able to	ated as a	a Priva	t e Foundatio s return to sati	n sfy state rep	orting	requirements	<u>. </u>	2009
For calendar year 2009, or tax year beginning G Check all that apply Initial return					, 2009, and ending							, 20	
G Check all	that apply			blic charity	<u>. </u>			Final return					
			Amended re	turn			Addres	s change] Na	ame change		
	Name of four	datio	n								A Employer ide	entifi	cation number
Use the IRS	THE MEAD	OWV	IEW FOUN	DATIC	N								
label.	C/O MARI	A D	ELUCCHI-	KAHAI	E, F	TCI					(94-	3256658
Otherwise,			(or PO box nu				to street a	address)	Room/suit	e	B Telephone numbe	r (see p	age 10 of the instructions)
print	ONE FRAN	KLI	N PARKWA	Y				•					
or type.	BUILDING	92	0/1									() -
See Specific Instructions	City of town		, and ZIP code							1	C if exemption ap		on is
การแนะแบกร	· · · · · · · ·										pending, check		one chack hare
	SAN MATE	ю.	CA 94403								D 1 Foreign orga 2. Foreign orga		ons, check here ons meeting the
H Check he	pe of organizat	-	7	5016	:)(3) av	empt pro	vate for	ındatıon			85% test, ch	eck he	ere and attach
$\overline{}$	1 4947(a)(1) none							ridation rate foundation	าก		computation	•	
	et value of all					nethod:	-			\dashv			status was terminated
	rom Part II, col		11	\neg	ther (sp			.311 ACC	Jai				(1)(A), check here . P
16) ► \$	37,11						t be on	cash basıs)					a 60-month termination
	alysis of Rever	_			30,4111	. (0) 11100	. 23 0//		1		under section a	ω r (σ)	(d) Disbursements
totai	l of amounts in c	olumr	ns (b), (c), and	(d)		Revenue		(b) Net inve		(c) Adjusted net		for chantable
may	not necessanly	equal	l the amounts i	'n	ex	penses po books	er	incom	e		ıncome		purposes
	mn (a) (see pag				-	•	0.						(cash basis only)
1		oundat	ion is not requir	ed to			0.	-					
2 Check	attach at	Sch B	3			65	667.		5,667.				את כון 1
l .	st on savings and t	•	-			1,072,			2,409.				ATCH 1
_	ends and interes		•			1,012,	1 ∪2.	1,0/	2,409.				ATCH 2
	s rents			• • •					-				
l	ental income or (los					1 102	600			-			
	ain or (loss) from sa sales price for all	ale of a			-	1,102,	008.						
assets	s on line 6a -		10,270,										
δ 7 Capit	al gain net incon			2) .									
8 Nets	hort-term capital	gain)FIVED										
110 a Gross	emiter seel seles	· · · ·	, ', V, I Ipo	النخ									
and al	llowances	; ; <u>}</u>	4	မ္တြ									
	Cost of goods solid			101									
	s profit or (loss) (SE!									
	r income (attach		ule i · · · · · ·				1.50		0 075				
	. Add lines 1 thre	ough.	14-1 Y, U. I.	السب		35,	468.	1,13	8,076.				_
	ensation of officers						0.						
	r employee salar												
15 Pens	ion plans, emplo												
16 a Lega	I fees (attach sch						–						
b Accounting fees (attac													
c Othe	r professional fee		-										
17 Intere	est												
18 Taxes	(attach schedule)	(see pa	age 14 of the instruc	tions)* *		94,	668.		0.			0.	
19 Depr	eciation (attach s	sched	ule) and deple	tion .									
20 Occu	pancy												
≰ 21 Trave	el, conferences, a	and m	neetings						I				
22 Printi	ng and publication	ons											
23 Other	r expenses (atta					92,	969.	9	2,809.				1
24 Total	operating and a		•										
ā :	ines 13 through						637.	9	2,809.			0.	1
25 Conti	nbutions, gifts, gi					1,670,	000.						1,670,0
	expenses and disbur					1,857,	637.	9	2,809.			0.	1,670,1
	ract line 26 from												
	s of revenue over ex			its .	_	1,822,	169.						
l l	nvestment incor							1,04	5,267.				
I	sted net income		-	-							-(0-	
		7	ogativo, otitor	<u> </u>								-	

Ε	art II	Attached schedules and amounts in the description column should be for end-of-ye	Beginning of year	End	of year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,004,219.	1,149,430.	1,149,430.
	2	Savings and temporary cash investments			
	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 instruction	ns)		
i	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10 a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) ATCH 5	26,826,640.	35,970,466.	35,970,466.
	11 C	Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule) Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
		(attach schedule)			
	15	Other assets (describe	_	····	<u> </u>
	16	Total assets (to be completed by all filers - see the	27 020 050	27 110 006	27 110 006
_	4=	Instructions Also, see page 1, item I)		37,119,896.	37,119,896.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ē	20 21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule)			
Lia	22	Other liabilities (describe			
	22	Other habilities (describe	- /		
	23	Total liabilities (add lines 17 through 22)			
_		Foundations that follow SFAS 117, check here			1
		and complete lines 24 through 26 and lines 30 and 31			
S	24	Unrestricted		37,119,896.	
ဥ	25	Temporanly restricted	27,000,0031	37,113,030.	
ala	26	Permanently restricted			
98		Foundations that do not follow SFAS 117,			
Net Assets or Fund Balances		check here and complete lines 27 through 31.	7		
ř	27	Capital stock, trust principal, or current funds	_		
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund	· •		
se	29	Retained earnings, accumulated income, endowment, or other funds	' '		
AS	30	Total net assets or fund balances (see page 17 of the	· •		
Net		instructions)	27,830,859.	37,119,896.	
	31	Total liabilities and net assets/fund balances (see page 17	· ·	, , , , , , , , , , , , , , , , , , , ,	
		of the instructions)	27,830,859.	37,119,896.	
Ρ	art II	Analysis of Changes in Net Assets or Fu			<u> </u>
		net assets or fund balances at beginning of year - Part I		agree with	
				*	27,830,859.
2					-1,822,169.
3	Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ATTA	CHMENT 6	3	11,111,206.
4	Add	lines 1, 2, and 3		4	37,119,896.
5	Decr	eases not included in line 2 (itemize)		5	
6_	Total	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b),	line 30 6	37,119,896.
					- 000 DE :

_	990-PF (2009)				· · · <u> </u>	Page 3
Ρa		and Losses for Tax on Inv		(b) How	(a) Data	
٠		describe the kind(s) of property sold (e	-	acquired P-Purchase	(c) Date	(d) Date sold (mo, day, yr)
4-	SEE PART IV SCHEE	nck warehouse, or common stock, 200 s	ns MLC Co)	D-Donation		, , , , ,
<u>1a</u>	SEE FART IV SCHEE	2016				
_ <u>b</u> _				<u> </u>	<u> </u>	 -
<u>c</u>					 	
						
<u>e</u>		(A Depression allowed	(g) Cost or other basis		(h) Cour or (le	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_		(4. 2)	p. a. a. p. a.		(0) p.00 (1)	(9)
_ <u>a</u>						
<u>b</u>						
<u>c</u>			<u> </u>	<u> </u>		
<u>d</u>					 	
<u>e</u>	malata anlu far accata aba	vine pair in patrime (b) and average				
	implete only for assets show	wing gain in column (h) and owned l			Gains (Col. (h) g (k), but not less t	
((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	COI	Losses (from co	
		43 01 12/3 1/03	Over cor (j), ir arry			
<u>a</u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
<u>b</u>						
<u> </u>						
<u>d</u>				ļ		
<u>e</u>						
2 (Capital gain net income or (net canital ince)	gain, also enter in Part I, line 7			100 600
		į "	(loss), enter -0- in Part I, line 7	2 -1,102,608.		
	· · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 1222				
		ine 8, column (c) (see pages 13 and				
- 11	(loss), enter -0- in Part I, Ii	ne 8		3		
		der Section 4940(e) for Reduc				
(Fo	r optional use by domestic _l	private foundations subject to the se	ection 4940(a) tax on net investment	income)	
If se	ection 4940(d)(2) applies, le	eave this part blank.				
		ne section 4942 tax on the distributa	· · · · · · · · · · · · · · · · ·	period?	L	Yes X No
If "Y	es," the foundation does no	ot qualify under section 4940(e) Do	not complete this part.			
1		unt in each column for each year; se	ee page 18 of the instructions before	making	any entries	
	(a) Base period years	(b)	(c)		(d) Distribution ra	tro
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
	2008	1,517,373.	37,358,254.			0.040617
	2007	1,550,160.	43,457,665.			0.035671
	2006	1,912,784.	34,065,731.			0.056150
	2005	655,000.	23,827,271.			0.027490
	2004	500,000.	15,142,251.			0.033020
2	Total of line 1, column (d)			2		0.192948
	' ' '	or the 5-year base period - divide the		├ -		
	-	ation has been in existence if less th	_	3		0.038590
	number of years the lounds	ation has been in existence in less tr	nan 5 years	 		0.030390
	Catas the not value of none	hariable was seeds for 2000 from	Dod V. Ivan E		20	007 010
4	Enter the net value of nonc	charitable-use assets for 2009 from t	Part X, line 5	4	30,	807,218.
_				_		
5	Multiply line 4 by line 3			5	1,	188,851.
6	Enter 1% of net investment	t income (1% of Part I, line 27b)		6		10,453.
7	Add lines 5 and 6		, , , , , , , , , , , , , , , , , , , ,	7	1,	199,304.
8	Enter qualifying distribution	s from Part XII, line 4		8	1,	670,160.
I	If line 8 is equal to or gre	eater than line 7, check the box in	n Part VI, line 1b, and complete t	hat part		
	Part VI instructions on pag	e 18				

Form	990-PF (2009)				F	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page	18 of t	ne ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		-			
:	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			10,4	53.
	here ► X and enter 1% of Part I, line 27b					
С	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	3			10,4	53.
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-	5			10,4	53.
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 69,537.					
b	Exempt foreign organizations-tax withheld at source	1				
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .	1				
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d	7			69,5	<u>37.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10		10			59,0	84.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax > 59,084. Refunded >	11				
	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i			_	Yes	No X
	participate or intervene in any political campaign?			1a		-^-
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			41.		X
	of the instructions for definition)?		• • •	1b		^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	5				ĺ
_	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?			1c		x
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		• • •			
ŭ	(1) On the foundation \$\\$					1
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	sed				1
•	on foundation managers \$					1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	s 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				4b		X
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					l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					l
	By language in the governing instrument, or					l
	• By state legislation that effectively amends the governing instrument so that no mandatory directions to	hat				l
	conflict with the state law remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	d Part XV	'	7	X	 -
Яa	Enter the states to which the foundation reports or with which it is registered (see name 10 of	tho			1	ı

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

names and addresses ATTACHMENT 7

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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to all years listed, answer "No" and attach statement - see page 20 of the instructions)

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

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

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?

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

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If none, enter "NONE."	ii tilali tilose iliciuo	ieu on mie 1 - see p	age 25 of the mount	cuons).
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NOT APPLICABLE				

NONE

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	
NOT APPLICABLE		
otal number of others receiving over \$50,000 for professional services	▶	NON
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expe	nses
1 NOT APPLICABLE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amo	unt
1 NONE		
2		
All other program-related investments. See page 24 of the instructions		
3 NONE		
Total, Add lines 1 through 3	1	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundat	ions,
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	29,642,229.
b	Average of monthly cash balances	1b	1,634,134.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	31,276,363.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	31,276,363.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the unetwentenes	4	469,145.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	30,807,218.
6	Minimum investment return. Enter 5% of line 5	6	1,540,361.
_	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	L 1	
	foundations and certain foreign organizations check here \rightarrow and do not complete this part of the complete this pa		
1	Minimum investment return from Part X, line 6	1	1,540,361.
	Tax on investment income for 2009 from Part VI, line 5 2a 10, 453.		
ь	Income tax for 2009. (This does not include the tax from Part VI) 2b	1	
c	Add 1 0 d 0b	2c	10,453.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,529,908.
4	Recoveries of amounts treated as qualifying distributions	4	1,023,000
5	Add lines 3 and 4	5	1,529,908.
6	Deduction from distributable amount (see page 25 of the instructions)	6	1,029,900.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1 · · · · · · · · · · · · · · · · · ·	7	1,529,908.
_			1,323,300.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T	
· a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,670,160.
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.,		`
		2	0.
3	Amounts set aside for specific charitable projects that satisfy the	-	
a	Contability Acad (area IDC accessed accessed)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,670,160.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	1,070,100.
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	10,453.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,659,707.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether		
	qualifies for the section 4940(e) reduction of tax in those years.	nei ine iour	Idation

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Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				1,529,908.
2	Undistributed income, if any, as of the end of 2009				
	F.4			1,651,337.	
	Total for prior years 20 07 .20 06 .20 05				
3	Excess distributions carryover, if any, to 2009				
	From 2004				
	From 2005				
	F 0000				
	[
	Total of lines 3a through e	0.			
4					
4	line 4 ► \$1,670,160.				
_				1,651,337.	
	Applied to 2008, but not more than line 2a			1,031,337.	
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)				
d	Applied to 2009 distributable amount				18,823.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2009	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b	Pnor years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of pnor years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
Ī	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2010				1,511,085.
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				
9	Instructions)				
3	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9		<u> </u>		
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
d	Excess from 2008				
_е	Excess from 2009 0 .				

Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and P	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private ope	erating	
•	foundation, and the ruling		_		▶ <u></u>	
b	Check box to indicate whe		vate operating foundation		4942((3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	(h) 0000	Pnor 3 years	(4) 2006	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each					
	year listed					
D	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section	ļ				
	4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed				-	
U	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					-
	toans (section 512(a)(5)),					
	or royatties) (2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					<u></u>
Pa					dation had \$5,000	or more in assets
_		during the year - sec		structions.)		
1	Information Regarding List any managers of			than 20% of the to	tal contributions receiv	ed by the foundation
a	before the close of any	tax year (but only if th	ney have contributed in	nore than \$5,000).	(See section 507(d)(2).)	ved by the loundation
	SEE STATEME		•	•	,	
<u>_</u>	List any managers of		own 10% or more of	the stock of a cor	noration (or an equal)	v large portion of the
	ownership of a partner					y large portion of the
	, ,			•		
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
					aritable organizations	
					ge 28 of the instruction	ons) to individuals or
	organizations under ot					
а	The name, address, an N/A	d telephone number of	the person to whom a	pplications should be	e addressed.	
b	The form in which appli	ications should be subr	nitted and information	and materials they s	hould include	
	N/A					
С	Any submission deadling	nes:				
	N/A					
đ	Any restrictions or li factors:	mitations on awards,	, such as by geogra	iphical areas, char	table fields, kınds of	institutions, or other
	N/A					

art XV Supplementary Information (c	continued)	16 -	- 	
3 Grants and Contributions Paid Dur	ing the Year or App			
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	With Dation	
a Paid during the year				
ATTACHMENT 9				
ATTACHHENT 9				
•				
		1		1 (70 000
Total	· · · · · · · · · · · · · · · · · · ·			1,670,000
B Approved for fature payment				
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			ļ	
		1	1	

•	amounts unless atherwise indicated	T		Cycluded by	coction E12 E12 or E14	(e)	
	amounts unless otherwise indicated.	(a) Business code	ted business income (b) Amount	(c) Excluded by	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions)	
-	service revenue			- Diagonolii abaa	7 41105.11	the instructions)	
a				<u> </u>			
ь							
c				ļ			
d							
е							
f	· · · <u>· · · · · · · · · · · · · · · · </u>						
g Fees	and contracts from government agencies			<u> </u>			
2 Member	ship dues and assessments			ļ			
3 Interest of	n savings and temporary cash investments			14	65,667.		
4 Dividend	ds and interest from securities			14	1,072,409.		
5 Net renta	al income or (loss) from real estate						
a Deb	t-financed property						
	debt-financed property						
	I income or (loss) from personal property .						
	vestment income						
	oss) from sales of assets other than inventory			14	-1,102,607.		
	me or (loss) from special events						
	rofit or (loss) from sales of inventory						
	venue a						
b				 			
				 			
				 			
	· · · · · · · · · · · · · · · · · · ·			 			
8	Add calcons (b) (d) == 4 (s)			 	35,469.		
	Add columns (b), (d), and (e)	•		<u> </u>		35,469.	
	dd line 12, columns (b), (d), and (e)			• • • • • •	13	33,403.	
Part XVI-	neet in line 13 instructions on page 28 to B Relationship of Activities			omnt Durr	NOCOC		
Line No. ▼	Explain below how each activithe accomplishment of the for page 29 of the instructions.)						
			WOT INDITIONS				
			NOT APPLICABLE	<u> </u>			
		. <u>.</u>					
							

Part XVII

		Exempt Orga	<u>nizations</u>					_				
1	ın sed	the organization directly									Yes	No
а	Transf	zations? ers from the reporting fou	ndation to a none	chantable exe	mpt organiza	ition of						1
	(1) Ca	ash								1a(1)	!	X
	(2) Ot	ther assets								1a(2)	 	X
b		transactions										١
		ales of assets to a noncha									1	X
		urchases of assets from a									1	X
		ental of facilities, equipme										$\frac{\lambda}{x}$
		eimbursement arrangeme								1b(4)	_	X
		pans or loan guarantees erformance of services or	-									X
c		ig of facilities, equipment,								l l	+	X
		answer to any of t	-	-							faır	
		of the goods, other				-			=			
		in any transaction or		•		_						
(a) l	ine no	(b) Amount involved	(c) Name of r	onchantable ex	empt organiza	ition	(d) Desc	inption of transfer	rs, transactions, and	sharing arra	ngemer	nts
		N/A					N/A					
							,					
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	_				<u> </u>							
		<u> </u>						-				
2a		foundation directly or n 501(c) of the Code (oth	•	=	-						es [No 🔀
b	If "Yes	s," complete the following	schedule									
		(a) Name of organization		(b) Type of orga	nization		(c) Description of rela	ationship		
_N(OT AP	PLICABLE										
										-		
				ı						<u> </u>		
												
\neg	Under	penalties of penury. I decla	are that I have ex	amined this re	turn, including	accompan	vina sched	fules and statem	nents, and to the b	est of my	knowled	lge and
	belief,	penalties of perjury, I declar it is true, correct, and comp	olete Declaration	of preparer (ot)	ner than taxpa	ayer or fidu	ciary) is ba	sed on all inform	nation of which pre	eparer has	any kno	wledge
		-E. HIL	Gama			1	11-13	-10	7720	\$		
<u>.</u>	Sign	gnature of officer or trustee	1				Date	<u> </u>	Title		_	
훈		· ·	#		7	Date		Charles 6	Prepa	rer's identi	ying	
Sign Here	ر» >	Preparer's	/ L	クタ	7	11.1	11/4	Check if self-employe	ed ► I numbe	er (See Sign 0 of the instr	nature o ructions)	on)
Sic	Paid Preparer's Use Only	signature	(''	9		111	1 7 10			542475		
	rep.	Firm's name (or yours if		ATERHOUS					EIN ▶ 13-40	08324		
	د م	self-employed), address		EMBARCAI		ITER				_		
		and ZIP code	SAN FI	RANCISCO,	, CA		941	111	Phone no 415	5-498-5	000	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GA	INS AND L	<u>OSSES FO</u>	K IAX UN	INVEST	WEN Pl	ī	<u>1</u>
Kind of Property		Desc	ription		or D	Date acquired	Date sold
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
308,443.	FIDUCIARY 3	RUST - 44100	07510		-	VAR 143,798.	VAR
910,864.	FIDUCIARY 11,445,956.	RUST - 44100	07510		-	VAR 535,092.	VAR
113.	FIDUCIARY 1	RUST - 44100	07510 SPDR (GOLD TR		VAR 113.	VAR
1,296,733.	FIDUCIARY 1	RUST - 44100	07520			VAR 8,915.	VAR
70,688.	FIDUCIARY 1	RUST - 44100	07530			VAR -53,088.	VAR
600,932.	FIDUCIARY 1 1,041,369.	RUST - 44100	07530		-	VAR 440,437.	VAR
5,555,716.	FIDUCIARY 15,666,385.	RUST - 49120	06000	:	-	VAR 110,669.	VAR
1,527,350.	FIDUCIARY 1 1,355,902.	'RUST - 49120	06000			VAR 171,448.	VAR
TOTAL GAIN (LOSS)			• • • • • • • • • • • • • • • • • • • •		=	1102608.	
						:	
JSA							

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ATTACHMENT

NET INVESTMENT INCOME	497. 74. 65,093.	65,667.
REVENUE AND EXPENSES PER BOOKS	497. 74. 65,093.	65, 667.
		TOTAL
DESCRIPTION	FIDUCIARY 491206000 FICUCIARY 441007510 FIDUCIARY 441007520 FIDUCIARY 441007530	

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M 990PF PART T - DIVIDEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ATTACHMENT 2

NET INVESTMENT INCOME	811,871. 122,993. 125,670. 11,863.	1,072,409.
REVENUE AND EXPENSES PER BOOKS	811,871. 122,993. 125,670. 11,863.	1,072,409.
		TOTAL
DESCRIPTION	FIDUCIARY 491206000 FIDUCIARY 441007530 FIDUCIARY 441007510 PORTSMOUTH FRANKLIN MONEY FUND	

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
FOREIGN TAXES PAID 2008 OVERPAYMENT APPLIED 2008 FED TAX PAYMENT	14,668. 69,537. 10,463.
TOTALS	94,668.

OTHER EXPENSES	
1	
н	
PART	
990PF,	
FORM	

ATTACHMENT 4

CHARITABLE PURPOSES 10.	160.
NET INVESTMENT INCOME 92,809.	92,809.
REVENUE AND EXPENSES PER BOOKS 10.	92,969.
	TOTALS
DESCRIPTION CA FILING FEE INVESTMENT FEES RRF-1 FEES	

FORM 990PF, PART II - CORPORATE STOCK	OCK	ATTACH	ATTACHMENT 5
DESCRIPTION	BEGINNING	ENDING	ENDING
	BOOK VALUE	BOOK VALUE	<u>FMV</u>
FIDUCIARY TRUST 491206000 FIDUCIARY TRUST 441007510 FIDUCIARY TRUST 441007530 PORTSMOUTH FRANKLIN MONEY FUND	20,186,138.	23,359,715.	23,359,715.
	3,198,282.	3,540,146.	3,540,146.
	2,967,324.	3,656,838.	3,656,838.
	433,149.	441,868.	441,868.
	41,747.	41,759.	41,759.
TOTALS	26,826,640.	35,970,466.	35,970,466.

ATTACHMENT 6

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

INCREASE OF STOCK FAIR MARKET VALUE

11,111,206.

TOTAL

11,111,206.

DATE

ELLIZABETH WISKEMANN ONE FRANKLIN PARKWAY SAN MATEO, CA 94403

ATTACHMENT 8	AS EXPENSE ACCT AND OTHER AS ALLOWANCES	. 0	.0	.0	.0	0.
ATT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS				J	
	COMPENSATION	.0	.0	.0	.0	0.
LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE	PRESIDENT	VICE PRES. & SECRETARY	TREASURER	GRAND TOTALS
FORM 990PF, PART VIII - LIST O	NAME AND ADDRESS	ELIZABETH WISKEMANN FTCI ONE FRANKLIN PARKWAY BUILDING 920/1 SAN MATEO, CA 94403	KIM D. WISKEMANN BESSOLO FTCI ONE FRANKLIN PARKWAY BUILDING 920/1 SAN MATEO, CA 94403	CHRISTINE Y. WISKEMANN FTCI ONE FRANKLIN PARKWAY BUILDING 920/1 SAN MATEO, CA 94403	ESTHER B. WISKEMANN TORRES FTCI ONE FRANKLIN PARKWAY BUILDING 920/1 SAN MATEO, CA 94403	

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ATTACHMENT 9

PUBLICE OF CHANGE OF CHANGE TO THE TAIL TO THE TAIL THE THE TAIL THE TAIL THE TAIL THE TAIL THE TAIL T	E OF GRANT OR CONTRIBUTION	CHARITABLE SUPPORT	CHARITABLE SUPPORT 100,000.				
TO SUBSTANTIAL CONTRIBUTOR AND ON STAND	FOUNDATION STATUS OF RECIPIENT	N/A 501(C)(3) CHARITY	N/A CHARIT				
Oppose Ann Man Man	RECIPIENT NAME AND ADDRESS	MARIN GENERAL HOSPITAL	DOCTORS WITHOUT BORDERS	HOMEBOY INDUSTRIES	PEGASUS PROJECT	PEGASUS VOYAGES	RED CROSS

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE ALLAIRE SCHOOL	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000.
THE MARIN SCHOOL	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	100,000.
THE SMILE TRAIN	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	55,000
WILDCARE (SAN RAFAEL)	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000.
LOYOLA MARYMOUNT UNIVERSITY	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	300,000
CHILDREN OF THE NIGHT	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GOLDEN GATE UNIVERSITY	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	15,000.
NOVATO COMMUNITY HOSPITAL	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	100,000.
ANIMAL ARC	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000
alaska raptor	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000
MARINE MILITARY ACADEMY	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	25,000
PACIFIC TSUNAMI MUSEUM	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST MARY'S COLLEGE OF CA	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	300,000
MARINE MAMMAL CENTER	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	20,000
PEDIATRIC BRAIN TUMOR FOUNDATION	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	70,000.
OSTEOPATHY'S PROMISE TO CHILDREN	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	25,000
CHILDREN'S HOSTPITAL OF OAKLAND	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	40,000.
UC DAVIS REGENTS - DAVIS VET RESEARCH	N/A 501(C)(3) CHARITY	CHARITABLE SUPPORT	100,000.

YEAR	
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PAID DURING	
CONTRIBUTIONS	
NTS AND	
8	l
PART XV -	
FORM 990PF	

	PURPOSE OF GRANT OR CONTRIBUTION	20,000.
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	US OF RECIPIENT	CHARITABLE SUPPORT
RELATIONSHIP TO SU		ELLIS ISLAND N/A S01(C)(3) CHARITY
	RECIPIENT NAME AND ADDRESS	STATUE OF LIBERTY - ELLIS ISLAND

1,670,000	
TOTAL CONTRIBUTIONS PAID	

THE MEADOWVIEW FOUNDATION

FEIN: 94-3256658 FYE: 12/31/2009

ATTACHMENT 10-FORM 990-PF, PART XV, LINE 2A-D

ALL GIFTS ARE MADE PURSUANT TO TRUST INSTRUMENTS AND IN THE DISCRETION OF THE TRUSTEE.

GRANT REQUESTS ARE SENT TO:

THE MEADOWVIEW FOUNDATION C/O MARIA DELUCCHI-KAHALE ONE FRANKLIN PARKWAY BUILDING 920/1 SAN MATAEO, CA 94403

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

THE MEADOWVIEW FOUNDATION

OMB No 1545-0092

Employer identification number

2009

C	:/O MARIA DELUCCHI-KAHALE, FTC	I			94-3256658	8	
Note	: Form 5227 filers need to complete onlyPa	rts I and II					
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Y	ear or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other bas (see page 4 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
-						_	
b	Enter the short-term gain or (loss), if any, from	n Schedule D-1	, line 1b			1b	-298,527.
2	Short-term capital gain or (loss) from Forms	4684. 6252. 678	31. and 8824			2	
				atataa ar truota		3	
3 4	Net short-term gain or (loss) from partnership Short-term capital loss carryover Enter the a	mount, if any, fr	om line 9 of the	2008 Capital Loss		3	,
5	Carryover Worksheet	s 1a through 4 ı	 n column (f) E		3,	4	()
Par	column (3) on the back	- Accete Hold	More Than One		▶	5	-298,527.
гаі				: 1 Gai	(e) Cost or other ba	sıs	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(see page 4 of the instructions)		the entire year Subtract (e) from (d)
6a							
							<u> </u>
							
					<u> </u>		
b	Enter the long-term gain or (loss), if any, from	n Schedule D-1,	line 6b			6b	-804,081.
7	Long-term capital gain or (loss) from Forms 2	2439, 4684, 625	2, 6781, and 8	324		7	
8	Net long-term gain or (loss) from partnership		8				
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the a Carryover Worksheet			•		11	()
12	Net long-term gain or (loss). Combine lines column (3) on the back	6a through 11	ın column (f). E	nter here and on line 1	14a,		-804,081.

	dule D (Form 1041) 2009					Page 2
Pa	Summary of Parts I and II Caution: Read the instructions before completing this part.) Beneficiaries' (see page 5)	(2) Est or tru		(3) Total
13	Net short-term gain or (loss) 13		` , , , , , ,			-298,527.
14	Net long-term gain or (loss):	-				
а	Total for year					-804,081.
b			-			
	28% rate gain					
15						-1,102,608.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990- art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV a					
Pai	rt IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, Ii	ne 4c	, if a trust), the sm	aller of:		
а	The loss on line 15, column (3) or b \$3,000				16	(3,000.)
Note	e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, lir yove/Worksheeton page 7 of the instructions to figure your capital loss carryover	ne 22	or Form 990-T, lin	e 34), is a	loss, c	omplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates					
	m 1041 filers. Complete this part only if both lines 14a and 15 in column (2	2) ard	e daine or an am	nunt is an	tered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than			Julii 13 Cil	icica	iii i ait i oi i ait ii aitu
	tion: Skip this part and complete the worksheet on page 8 of the instructions if		•			
	other line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	m 990-T trusts. Complete this part only if both lines 14a and 15 are gair					
	form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	con	nplete the works	neet on p	age 8	of the instructions if
eitne	er line 14b, col (2) or line 14c, col. (2) is more than zero.					
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17			
18	Enter the smaller of line 14a or 15 in column (2)				:	
	but not less than zero					
19	Enter the estate's or trust's qualified dividends	-				
	from Form 1041, line 2b(2) (or enter the qualified	-				
	dividends included in income in Part I of Form 990-T) 19				3,3	
20	Add lines 18 and 19				5	
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21	 -∤				
22	Subtract line 21 from line 20 If zero or less, enter -0-	• •	22			
23	Subtract line 22 from line 17 If zero or less, enter -0-	• •	23			
24		$\cdot \cdot $	24			
25	Is the amount on line 23 equal to or more than the amount on line 24?		•			
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.		25			
20	No. Enter the amount from line 23		25			
26 27	Subtract line 25 from line 24 Are the amounts on lines 22 and 26 the same?	• • •	26			
27		•	27			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	ŀ	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
29	Subtract line 28 from line 27	l	29			
30	Multiply line 29 by 15% (.15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Sch					
	(see the Schedule Ginstructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31				32	

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

33

33

G, line 1a (or Form 990-T, line 36) .

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041). ► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust THE MEADOWVIEW FOUNDATION

Employer identification number 94-3256658

THE MEADOWVIEW FOUNDATION			1	94-3236636	
Part I Short-Term Capital Gains an	d Losses - Asse	ets Held One Yea	ar or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a FIDUCIARY TRUST -					
441007510	<u>-</u>		308,443.	452,241.	-143,798
FIDUCIARY TRUST -					
441007510 SPDR GOLD TRUST			113.	0.	113
FIDUCIARY TRUST -					
441007520			1,296,733.	1,287,818.	8,915
FIDUCIARY TRUST -			70.600	100 776	50.00
441007530			70,688.	123,776.	-53,088
FIDUCIARY TRUST -			r rrr 716	F 666 205	110 666
491206000			5,555,716.	5,666,385.	-110,669
	_				
		ļ		ļ	
	}	1	1		

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

-298,527. Schedule D-1 (Form 1041) 2009

Employer identification number

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (c) Date sold (mo , day, yr) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) acquired (mo , day, yr) 6a FIDUCIARY TRUST -441007510 910,864. 1,445,956. -535,092. FIDUCIARY TRUST -441007530 600,932. 1,041,369. -440,437. FIDUCIARY TRUST -491206000 1,527,350. 1,355,902. 171,448. 6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b -804,081.

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice File a separate application for each return.			
 If you are fi 	ing for an Automatic 3-Month Extension, complete only Part I and check this box			▶ X
If you are fi Do not complete	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag te Part II unlessou have already been granted an automatic 3-month extension on a previous	e 2 of this formusely filed Form	1) 8868	
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation r	equired to file Form 990-T and requesting an automatic 6-month extension - check this box a	nd complete		
_			• • •	▶ ⊔
	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 Time tax returns.	004 to reque	st an	extension of
one of the re- electronically i returns, or a c	ng (e-file) Generally, you can electronically file Form 8868 if you want a 3-month auturns noted below (6 months for a corporation required to file Form 990-T). However (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of the composite or consolidated From 990-T. Instead, you must submit the fully completed and details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or consolidated.	er, you cann 990-BL, 6069 d signed page	ot file 9, or 2 (Pa	Form 8868 8870, group art II) of Form
Type or	Name of Exempt Organization THE MEADOWVIEW FOUNDATION	Employer ide	ntifica	tion number
print	C/O MARIA DELUCCHI-KAHALE	94-325	6658	3
File by the	Number, street, and room or suite no If a P O box, see instructions ONE FRANKLIN PAR	RKWAY		
due date for filing your	BUILDING 920, 4TH FLOOR			
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions			
instructions	SAN MATEO, CA 94403			
Check type of	return to be filed (file a separate application for each return).			
Form 990	Form 990-T (corporation)	m 4720		
Form 990	-BL Form 990-T (sec 401(a) or 408(a) trust) For	m 5227		
Form 990	— — — — — — — — — — — — — — — — — — —	m 6069		
X Form 990	-PF Form 1041-A For	m 8870		
If the organIf this is forfor the whole g	• • • • • • • • • • • • • • • • • • • •	nd attach a lis		▶ ☐
	s of all members the extension will cover.			
until	t an automatic 3-month (6 months for a corporation required to file For 08/16, 2010 , to file the exempt organization return for the organization ganization's return for calendar year 2009 or tax year beginning, and ending	•		
2 If this tax	year is for less than 12 months, check reason Initial return Final return	Change in	accou	nting period
•	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dable credits. See instructions.	- 1	sa \$	NONE -
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p		Ť	
-	clude any prior year overpayment allowed as a credit.	- 1	зь \$	NONE ·
c Balance	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required			
with FT	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	em). See		
instructio	ns.		3c \$	NONE -
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO an	d Form 8879-	ΞΟ	
for payment ins	tructions.			
For Privacy Ac	t and Panarwork Paduction Act Notice see Instructions		886	8 (Pay 4-2009)

AS ORIGINALLY FILED

Form 8868 (Rev	4-2009)	Page 2
• If you are	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox ▶ X
Nate. Only	complete Part II if you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868
• 1f you are	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Part II /	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies needed).
Type or	Name of Exempt Organization THE MEADOWVIEW FOUNDATION Employer iden	tification number
print	C/O MARIA DELUCCHI-KAHALE 94-3256	658
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	у
extended due date for	ONE FRANKLIN PARKWAY, BUILDING 920 4TH FLOOR	
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
instructions	SAN MATEO, CA 94403	
Check type	e of return to be filed (File a separate application for each return)	
Forn	n 990 X Form 990-PF Form 1041-A	Form 6069
Form	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Form 8870
	n 990-EZ Form 990-T (trust other than above) Form 5227	
	not complete Part II if you were not already granted an automatic 3-month extension on a prev	viously filed Form 8868.
	ks are in the care of MARIA DELUCCHI-KAHALE	
	ne No ▶ 650 312-3000 FAX No. ▶	
 If the org 	ganization does not have an office or place of business in the United States, check this box $\dots \dots$	▶ 🔲
		If this is
	ole group, check this box ▶ 🔛 If it is for part of the group, check this box ▶ 🔛 and at	tach a
list with the	names and EINs of all members the extension is for	
,	lest an additional 3-month extension of time until 11/15/2010	·
	alendar year 2009, or other tax year beginning,and ending	
	· · · · · · · · · · · · · · · · · · ·	nge in accounting period
	in detail why you need the extension SUFFICIENT INFORMATION TO PREPARE AN ACC	CURATE
AND	COMPLETE TAX RETURN IS NOT YET AVAILABLE.	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	fundable credits. See instructions.	8a \$ NONE.
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
-	ayments made. Include any prior year overpayment allowed as a credit and any amount paid	
<u>-</u>	ously with Form 8868	8b \$ NONE.
	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	
with f	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$ NONE.
	Signature and Verification	
	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the besect, and complete, and that I am authonzed to prepare this form	t of my knowledge and belief,
1. 13 tiue, colle	on, and complete, and that I am authorized to prepare this form	
Signature >	Title ▶ Dat	
		Form 8868 (Rev 4-2009)

PRICEWATERHOUSECOOPERS LLP THREE EMBARCADERO CENTER SAN FRANCISCO, CA 94111

AS ORIGINALLY FILED