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Return of Private Foundation

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

OMB No 1545-0052 2009

Intern	al Rev	nue Service	Note. The for	indation	may t	be able to use a copy of this			rung requirements	<u> </u>
For (aien	iar year 2009, or tax ye	ear beginning				, and er	nding		
G C	heck	all that apply	🔲 Initial retur	n		Initial return of a fo	ormer public c		Final return	1
			Amended r	eturn		Address chan	ge		Name change	
Use	the i	RS Name of foundatio	n						A Employer identification	number
	abel.									_
Oth	erwis	·,				PRIVATE FOUN	DATION		94-3288395	<u> </u>
	print				not de	livered to street address)		Room/suite	B Telephone number	
	type	T T T T T T T T T T T T T T T T T T T	KS LAN	E				<u>-</u>	(307)673-5	
	Spec ructio	City of town, state,							C If exemption application is a	
11121	46110	"SHERIDAN,		280			- va		D 1. Foreign organization	s, check here
H C	heck	type of organization	X Sectio	n 501(c)	(3) ex	empt private foundation			Foreign organizations macheck here and attach control	omputation
	Sec	tion 4947(a)(1) nonexe	mpt charitable	trust		Other taxable private found:	ation		E If private foundation sta	itus was terminated
l Fa	ır ma	rket value of all assets a	t end of year	J Acc	ounti	ng method X Cash	Accr	ual	under section 507(b)(1	
(fr	om F	art II, col (c), line 16))			her (specify)			F If the foundation is in a	
_	\$				colu	mn (d) must be on cash	basis.)		under section 507(b)(1)(B), check here ▶ 🔲
Pa	ırt l	Analysis of Revenue a	and Expenses	nd (d) may	not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amo	unts in column (a))	1101	expenses per books	inco	me	income	(cash basis only)
	1	Contributions, gifts, gra	ints, etc , rece	ıved		3,645.			N/A	
		Check X if the founda		o attach Sch	В					
	3	Interest on savings and tem cash investments	porary			4.		4.		STATEMENT 1
∏107		Dividends and interest t		6		30,400.	3	0,400.		STATEMENT 2
7	5a	Gross rents								
7	b	Net rental income or (loss)								
کو	6a	Net gain or (loss) from sale	of assets not on	line 10		<1,765.	>			
D E	_	Gross sales price for all assets on line 6a		,970).					
Revenue Revenue		Capital gain net income (fro	m Part IV, line 2)	•				0.		
Ĕ		Net short-term capital g								
2	1	Income modifications	,							
SCANNED	l	Gross sales less returns and allowances						***************************************		
5	Ι.	Less Cost of goods sold								
	l	Gross profit or (loss)	L					***************************************		
3	l	Other income								
n	1	Total. Add lines 1 throi	uah 11			32,284.	3	0,404.		
		Compensation of officers, of		s etc		0.		0.		0.
	1 -	Other employee salaries		-,						
		Pension plans, employe	•							
es		Legal fees				· · · · · · · · · · · · · · · · · · ·				
ens		Accounting fees	SI	TMT	3	3,645.	-	1,458.		2,187.
ľ.Š		THE COMEST VOTE (1905)								
le E	4.7	Interest	1				 -			
5	18	Taxes Bepreciation and deple	ra lo	'TM	4	363.		0.		0.
5	10				_					
Operating and Admin® Tradine Expenses	20	Occupancy	SS			~			-	
P	l .	Deponer entes an	d meetings							
لغَا		Printing and publication								
gai	l .	Other expenses	នា	TM!	5	10.	<u> </u>	0.		10.
Ē	I	Total operating and ad			-					1
era	l	expenses. Add lines 13				4,018.		1,458.		2,197
ဝိ	l .	Contributions, gifts, gra				4,018. 54,000.				2,197. 54,000.
	l .	Total expenses and dis				3.7000.				
		·	avuiaçiiiçiilă.			58,018.	1	1,458.		56,197.
_		Add lines 24 and 25	no 12			33/010.				
	l	Subtract line 26 from li				<25,734.	>			
	l .	Excess of revenue over exp				723/1340	2	8,946.		
		Net investment income						-,	N/A	
	_ C_	Adjusted net income 6	i negative, enter	-0-)		L	<u> </u>			

Form **990-PF** (2009)

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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ra	n	e	2

Part II Balance Sheets Accounts needed anyound in the decorpoon column should be for end-of-year amounts only	285.
2 Savings and temporary cash investments 3 Accounts receivable Less allowance for doubtful accounts Less allowance for dou	285.
3 Accounts receivable Less allowance for doubtful accounts Investments - U.S. and state government obligations Investments - U.S. and state government obligations Investments - corporate bonds 11 Investments - corporate bonds 11 Investments - corporate bonds 12 Investments - onortgage loans 13 Investments - onortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe Less accumulated depreciation 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable	285.
Less allowance for doubtful accounts Less accumulated expenses and deferred charges 10a Investments - US and state government obligations b Investments - corporate stock c Investments - corporate stock c Investments - corporate bonds 11 Investments - corporate bonds 12 Investments - mortgage loans 13 Investments - other STMT 6 1,005,510. 981,487. 990,2 16 Total assets (to be completed by all filers) 1,020,389. 994,655. 1,003,4 17 Accounts payable and accrued expenses 18 Grants payable	
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17 Accounts payable and accrued expenses 18 Grants payable	<u>453،</u>
17 Accounts payable and accrued expenses 18 Grants payable	
18 Grants payable	
9,907	
20 Loans from officers, directors, trustees, and other disqualified persons	
21 Mortgages and other notes payable	
22 Other liabilities (describe)	
23 Total liabilities (add lines 17 through 22) 9,907. 9,907.	
Foundations that follow SFAS 117, check here	
and complete lines 24 through 26 and lines 30 and 31.	
8 24 Unrestricted	
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	
26 Permanently restricted	
Foundations that do not follow SFAS 117, check here	
and complete lines 27 through 31.	
© 27. Capital stock trust principal, or current funds	
28 Paid-in or capital surplus, or land, bldg, and equipment fund 1,000,262. 1,000,262.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 20 Retained earnings, accumulated income, endowment, or other funds	
1 010 492 984 748	
2 30 Total net assets or fund balances	
31 Total liabilities and net assets/fund balances 1,020,389. 994,655.	
10. 10.	
Part III Analysis of Changes in Net Assets or Fund Balances	
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)	
(mast agree with end of year reported on prior year of retain)	482.
E 21107 W110011 W10 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	482 734
3 Other increases not included in line 2 (itemize)	
<u></u>	0 .
4 Add lines 1, 2, and 3 984, 7	0 .
<u></u>	0. 748. 0.

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Form **990-PF** (2009)

44,953.

56,197.

-orm	990-PF(2009) GARY AND WANDA WALSH PRIVATE FOUNDATION	4 -	32883	395		Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49					
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here > X and enter 1%	1			2	89.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2_				0.
	Add lines 1 and 2	3			2	89.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	***************************************		2	89.
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					_
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7 $ ightharpoonup$	9			2	89.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 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 it participate or intervene i	n			Yes	
	any political campaign?		}	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		Х
	lf the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or		:		
	distributed by the foundation in connection with the activities					v
	Did the foundation file Form 1120-POL for this year?		-	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ►\$O.				1	х
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ŀ	2		Α
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			2		Х
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	/A	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?		′ **	5		Х
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		ŀ			- -
	ir "Yes," attach the statement required by General Instruction 1. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
D	● By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?			6	Х	1
7	Did the foundation have at least \$5,000 in assets at any time during the year?		Ī	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.			· · · · -		
	Enter the states to which the foundation reports or with which it is registered (see instructions)					
Qđ	WY					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
a	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar				
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		ĺ	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

X

X

3b

4a

4h

N/A

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,

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

Form 4720, to determine if the foundation had excess business holdings in 2009)

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2009) GARY AND WANDA WALSH PRI			94-32883	95	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)	••••	
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indi				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	2	└	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	,			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Υ	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		(
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations	/-		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ictions)?		·	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶∟⊥		
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption f		- /			
expenditure responsibility for the grant?	r	N/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53 494	* *				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[37]		
a personal benefit contract?		Y	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	<u> </u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Highl	y 		
1 List all officers, directors, trustees, foundation managers and their		14.200	(4)		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense int, other wances
	·				
				ľ	
SEE STATEMENT 10		0.	0.	ļ	0.
		<u> </u>	L		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	1.0		
(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	accou	xpense int, other wances
NONE					
		İ			
		1			
			j]	
				l	
				1	
Total number of other employees paid over \$50,000					0

Form 990-PF (2009) GARY AND WANDA WALSH PRIVATE FO	UNDATION 94-	3288395 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Take Laurehar of others recognized over \$50,000 for professional contract		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
······································	atian information such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant static number of organizations and other beneficiaries served, conferences convened, research papers pro-	Sticar information such as the oduced, etc	Expenses
1 N/A		
2		
3		
		_
Part IV B Common of Deservery Deleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A	Times Tana 2	Allount
2		
All other program-related investments See instructions		
3		

Total. Add lines 1 through 3

Page 8

P	art X 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	888,072.
	Average of monthly cash balances	1b	888,072. 29,930.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	918,002.
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	918,002.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,770.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	904,232.
6	Minimum investment return. Enter 5% of line 5	6	45,212.
P	postributable 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	45,212.
2a	Tax on investment income for 2009 from Part VI, line 5		
	Income tax for 2009 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	289.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	44,923.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	44,923.
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	44,923.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		E 6 107
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	56,197. 0.
	Program-related investments - total from Part IX-B	1b	<u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	F.C. 10.7
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	56,197.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	200
	income Enter 1% of Part I, line 27b	5	289. 55,908.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for th	e section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	Corpus			
line 7				44,923.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			51,388.	
b Total for prior years				
		0.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
¢ From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line $4 \triangleright \$ 56, 197$.			51,388.	
a Applied to 2008, but not more than line 2a			31,300.	
b Applied to undistributed income of prior		о.		
years (Election required - see instructions)		· · · · · · · · · · · · · · · · ·		,
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2009 distributable amount		······································	· · · · · · · · · · · · · · · · · · ·	4,809.
e 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:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				40,114.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			·····
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				,
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2009)

		SH PRIVATE			88395 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	l-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described i		4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year				l <u>.</u>
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	}				1
each year listed					
b 85% of line 2a					
 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					
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					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or roughtee)					
(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					
(4) Gross investment income			<u></u>		
a this foundation has received a unking of determination before that it is a private operating toughtown and the unity of selectic PCOQ0 exelect the alloy of the unity of the color of the subject of the unity of the selection of the subject of the unity of the selection of the subject of the unity of the selection of the subject of the unity of the selection of the subject of the unity of the selection of the subject of the subject of the unity of the selection of the selection of the unity of the selection of	ore in assets				
1 Information Regarding Foundation	n Managers:			·	
	-	than 2% of the total contr	ributions received by the	foundation before the clos	se of any tax
					, o or any tan
NONE					
b List any managers of the foundation wh			or an equally large portion	n of the ownership of a p	artnership or
NONE	-				
	on Grant Gift Loan	Scholarship etc. Dr.	ourame.		
Check here 🕨 🔲 if the foundation o	nly makes contributions t	to preselected charitable (organizations and does n		
				<u>-i</u>	
GARY L. WALSH, (307)	673-5708		444103364		
b The form in which applications should b	e submitted and informal	tion and materials they sh			
					
	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or o	ther factors	
N/A	., 25 2, 900,000				
			·-··		5 000 DE (0000)

Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		<u> </u>
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 SEE STATEMENT 11	or substantial contributor	recipient		
Total		<u> </u>	▶ 3a	54,000.
δ Approved for future payment NONE				0.
Total			▶ 3b	ι ο.

Part XVI-A	. Ana	lysis of	Income-P	roducing	Activities
------------	-------	----------	----------	----------	------------

Enter gross amounts unless otherwise indicated				ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	Tunction income
a	· 				
b	· 				
	· 			-	<u> </u>
u					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments				<u> </u>	
3 Interest on savings and temporary cash					
Investments			14	4.	
4 Dividends and interest from securities			14	30,400.	
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 than inventory		_	18	<1,765.>	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
C					
d		 -			
e				00.600	
2 Subtotal Add columns (b), (d), and (e)			0.	28,639.	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations)				13	28,639

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the foundation's exempt purposes (other than by providing funds for such purposes)	o the accomplishment of
	N/A	
		
923621 02-02-10		Form 990-PF (2009)

		,,, , , , , , , , , , , , , , , , ,	Y AND WAND						<u> 288395</u>		ge 13
P	art X	VII Information Exempt Org		nsfers To	and Trans	actions a	and Relation	nships With Nonc	charitable)	
1	Did.tl	he organization directly or		v of the following	ng with any oth	er organizati	on described in s	ection 501(c) of		Yes	No
		ode (other than section 50			-						
a		sfers from the reporting for				-					
	(1)	Cash							1a(1)		X
	(2)	Other assets							1a(2)		X
t	Othe	r transactions									
	(1) 3	Sales of assets to a noncha	ırıtable exempt organız	ation					1b(1)		X
	(2)	Purchases of assets from a	noncharitable exempt	organization					1b(2)		<u>X</u>
	(3)	Rental of facilities, equipme	ent, or other assets						1b(3)		<u>X</u>
		Reimbursement arrangeme	ents						1b(4)		<u>X</u>
		Loans or loan guarantees							1b(5)		<u>X</u>
		Performance of services or							1b(6)		$\frac{x}{x}$
		ng of facilities, equipment,				(h) abauld al	wave about the fo	us market value of the acc	1c	ata .	
U		answer to any of the above rvices given by the reporting	· ·					-		eis,	
		nn (d) the value of the goo			CU 1035 (11a11 1a	ii iligiket van	be in any transaci	tion of sharing arrangeme	int, snow in		
(a)	Line no	(b) Amount involved		of noncharitable	e exempt organ	nization	(d) Descrip	tion of transfers, transactions,	and sharing an	angeme	nts
_				N/A							
_											
_											
	_				· -		<u> </u>				
_											
_		· · · · · · · · · · · · · · · · · · ·	 		<u></u>			- 			
				 				·			
		 		-			 				
_			-				-		·· ···		
							 				
_							<u> </u>				
2 a	Is the	foundation directly or indi	rectly affiliated with, or	related to, one	or more tax-e	xempt organi	izations described				
		ction 501(c) of the Code (o				. •			Yes	X] No
_b	If "Ye	s," complete the following :	schedule								
			organization		(b) Type of o	rganization		(c) Description of relat	ionship		
		N/A	<u> </u>			·	ļ				
_			<u>–</u>								
_				 	ļ		ļ	-			
		<u> </u>									
_	Llader r	penalties of penjury, I declare that	at I have examined this retu	m including acco	mnenving sched	ules and staten	nents and to the hes	st of my knowledge and belief	it is true, come		
		nplete Declaration of preparer (1	/	-1 ,	
		Line	While		7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. >	nos, des 7			
<u>e</u>	SI	gnature of officer of truste	e	·	Date	0//0	Title	,,,,,,			
gn Here		Propagar's	0 1				Date		eparer's identify	ing num	per
ğ	Paid Preparer's Use Only	signature 74	~ K. H	•			6/11/1-	self- employed ► f	00622	84	8
"	Sar Que	Firm's name (or yours EII	DE BAILLY I	LLP		 _		EIN ►			
	rei Use	if self-employed). 401	IN 31ST ST		1120,	PO BO	X 7112				
		address, and ZIP code BII	LLINGS, MT	59103-	7112			Phone no 406	<u>5-896-</u>	240	<u>) </u>

FORM 990-PF.	OTHER E	XPENSES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
CA FILING FEE	10.		0.			10.
TO FORM 990-PF, PG 1, LN 23	10.	•	0.			10.
10 10kH 950-11, 10 1, EN 25						
FORM 990-PF	OTHER INV				STATEMENT	
	OTHER INV			K VALUE	STATEMENT FAIR MARK VALUE	6
FORM 990-PF	OTHER INV	ESTMENTS LUATION		K VALUE 981,487.	FAIR MARK	ET

FORM 990-PF	PART VIII - LIST TRUSTEES AND	OF OFFICERS, D FOUNDATION MANA	STATEMENT 1		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY L WALSH 10 HILLOCKS LANE SHERIDAN, WY 82801		PRESIDENT 5.00	0.	0.	0.
WANDA F WALSH 10 HILLOCKS LANE SHERIDAN, WY 82801		SECRETARY 5.00	0.	0.	0.
CHRISTOPHER WALSH 10 HILLOCKS LANE SHERIDAN, WY 82801		DIRECTOR 5.00	0.	0.	0.
CYNTHIA SWANSON 10 HILLOCKS LANE SHERIDAN, WY 82801		DIRECTOR 5.00	0.	0.	0.
AMY ZISETTE 10 HILLOCKS LANE SHERIDAN, WY 82801		DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON	990-PF, PAGE 6,	PART VIII	0.	0.	0.

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

GARY AND WANDA WALSH PRIVATE FOUNDATION Substitution Substitu	- ,					
The not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part II Automatic 3-Month Extension of Time, Only submit original (no copies needed). Loorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete rart I only If other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time in the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time in the corporations (including I) in the form 190-Bit form 8868. Form of 100-Bit form 190-Bit form	If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box			ightharpoons	J
Automatic 3-Month Extension of Time. Only submit onginal (no copies needed).	If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)			
Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete that I only	Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	rm 8868.		
Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete that I only	Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
If the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time in the income tax returns.						
till other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the income tax returns. In the control of the commentary returns the control of the commentary of the comm	•		ibiete		▶□	٦
of the income tax returns. Idectronic Filing G-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns ofted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 890-Belotronically if (1) you want the additional not automatic 3-month extension or (2) you file Form 990-The form 980-Belotronically if (1) you want the additional not automatic 3-month extension or (2) you file Form 990-The for	•					_
oted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8980-Bis consolidated Form 990-T instead, our must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit may risport the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit may risport with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit may risport with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit may risport with the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit may risport with the fully completed and signed page 2 (Part II) of Form 8870. Application App			exter	ision of time	•	
CARY AND WANDA WALSH PRIVATE FOUNDATION 94-3288395 10 HILLOCKS LANE 10 HILLOCKS L	noted belo not auton ou must :	ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni natic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fil	cally ı nsolid	f (1) you wai ated Form 9	nt the additio 190-T. instead	nal
CARY AND WANDA WALSH PRIVATE FOUNDATION 94–3288395 Number, street, and room or suite no. If a P.O. box, see instructions. OHILLOCKS LANE City, town or post office, state, and ZIP code For a foreign address, see instructions. SHERIDAN, WY 82801 City, town or post office, state, and ZIP code For a foreign address, see instructions. SHERIDAN, WY 82801 Form 990	ype or	Name of Exempt Organization	Emp	loyer ident	fication nun	nber
Number, street, and room or suite no. If a P.O. box, see instructions. 10 HILLOCKS LANE	rint	GARY AND WANDA WALSH PRIVATE FOUNDATION	وا	4-3288	395	
City, town or post office, state, and ZIP code For a foreign address, see instructions. SHERIDAN, WY 82801 Check type of return to be filed (file a separate application for each return):	ile by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions.				
SHERIDAN, WY 82801 Check type of return to be filed (file a separate application for each return):	ling your eturn See					
Form 990	structions	·				
Form 990-BL	heck typ	e of return to be filed (file a separate application for each return):				
Form 990-BL	Form	a 000 Form 000-T (corporation)	20			
Form 990-EZ Form 990-T (trust other than above) Form 6069 X Form 990-PF Form 1041-A Form 8870 GARY L WALSH The books are in the care of 10 HILLOCKS LANE - SHERIDAN, WY 82801 Telephone No. 307 673-5708 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the interpretation of the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for: X calendar year 2009 or and ending and en						
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GARY L WALSH The books are in the care of ▶ 10 HILLOCKS LANE - SHERIDAN, WY 82801 Telephone No.▶ 307 673-5708 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		_ ` · ·				
The books are in the care of ▶ 10 HILLOCKS LANE - SHERIDAN, WY 82801 Telephone No.▶ 307 673-5708 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this ox If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this ox If request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or X cale	_A_ Forn	1 990-PF	70			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this ox If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group If this is for the whole group If this is for the whole group. Check this box If this is for the whole group. If the extension will cover. If this is for part of the group, check this box If this is for the whole group. If the extension will cover. If the group and extension of time until Audition is for the extension will cover. If this is for part of the group, check this box If this is with the names and ElNs of all members the extension will cover. If the group and extension of time until Audition of time until Audition is for the extension will cover. If this is for part of the extension of time until Audition is for the extension will cover. If this is for part of the extension of time until If this is for members the extension will cover. If this is for part of the extension of time until Audition of time until Audit	Telepho	oks are in the care of ► 10 HILLOCKS LANE - SHERIDAN, WY 82801 one No. ► 307 673-5708 FAX No. ►			 -	
and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting periods. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			e ie fo	r the whole	aroup check	_ < this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or tax year beginning , and ending. If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting periods. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
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▶ X calendar year 2009 or , and ending If this tax year is for less than 12 months, check reason:		AUGUST 15, 2010 , to file the exempt organization return for the organization named a		The extensi	on	
tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting periods. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
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Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						^
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			3Ь	\$	 -	
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See instructions.	•	· · · · · · · · · · · · · · · · · · ·				^
	See	instructions.	_3c	\$		
		f you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form				
	HA Fo	r Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form	8868 (Rev 4-	-20(

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEM	PORARY C	ASH I	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
CHARLES SCHWAB							4.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, CO	LUMN A				4.
FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	.)
CHARLES SCHWAB			30,400.		0.	30,4	00.
TOTAL TO FM 990-PF, PART I, I	LN 4		30,400.	_==	0.	30,4	00.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		3,645.	1	,458.		2,1	87.
TO FORM 990-PF, PG 1, LN 16B		3,645.	1	,458.		2,1	87.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
NONDEDUCTIBLE FEDERAL EXCISE TAX NONDEDUCTIBLE PENALTIES		346.		0.			0.
AND INTEREST -		17.		0.			0.
TO FORM 990-PF, PG 1, LN 18		363.		0.			0.

FORM 990-PF

STATEMENT

11

	DOKING THE TEM		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
1736 FAMILY CRISIS CENTER (EIN# 95-3989251) LOS ANGELES, CA 90018	NONE YOUTH AND FAMILY AID	PUBLIC CHARITY	5,000.
CAMP ARROYO (EIN# 94-3262932) LIVERMORE, CA 94550	NONE ENVIRONMENTAL EDUCATION FOR CHILDREN	PUBLIC CHARITY	6,000.
FOSTER A DREAM (EIN# 54-2064728) BENICIA, CA 95410	NONE AID FOR FOSTER CHILDREN	PUBLIC CHARITY	3,000.
HOLY NAME CATHOLIC SCHOOL (EIN# 83-0172589) SHERIDAN, WY	NONE EDUCATION & ATHLETIC EQUIPMENT	PUBLIC CHARITY	4,000.
LITTLE BIT (EIN# 91-1012131) KIRKLAND, WA	NONE ACTIVITIES DISABLED CHILD	PUBLIC CHARITY	15,000.
SANDPIPERS (EIN# 95-3501868) MANHATTAN BEACH, CA	NONE HOME FOR ABUSED CHILDREN	PUBLIC CHARITY	5,000.
SCOTTISH RITE CHILD LANGUAGE (EIN# 83-0244425) CHEYENNE, WY 82001	NONE BENEFIT CHILDREN WITH LANGUAGE DISORDERS	PUBLIC CHARITY	1,000.
TEEN ESTEEM (EIN# 20-1598494) DANVILLE, CA 94526	NONE EDUCATION ON ISSUES RELATED TO TEENS & ADOLESCENT HE	PUBLIC CHARITY	5,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

GARY AND WANDA WALSH PRIVATE FO	DUNDATION		94-3288395
THE CHILDREN'S CENTER, WY (EIN# 83-0209448) SHERIDAN, WY 82901	NONE CHILDREN'S AID ASSOCIATION	PUBLIC CHARITY	5,000.
RICHSTONE FAMILY CENTER (EIN# 23-7373745) HAWTHORNE, CA 90250	NONE SERVING THE NEEDS OF CHILDREN AT THE CENTER, IN SCHOOLS, AND COMMUNITY	PUBLIC CHARITY	5,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		54,000.