

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

**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

For calendar year 2009, or tax year beginning			, aı	nd ending							
G Check all that apply:   Initial return			Initial return of a for	former public charity Final return							
<u>=</u>			X Address change	· —	•	hange					
	ee th	e IRS	Name of the state			[X] / tooloog Grange			_ <del>-</del>		
J	lab		Name of foundatio		NDATION		[	A	mployer identification nu		
C	CHANGSTON FAMILY FOUNDATION					-1	Daniel de		99-0330		
	print Number and street (or P O box number if mail is not de					elivered to street address)	Room/suite	B 1	elephone number (see pag		Jons)
	or type. 3705 ARCTIC BLVD 485						_		(480) 209-		
	See Specific City or town, state, and ZIP code							C If	exemption application is pe	ending, check here	▶∐
	Instructions. ANCHORAGE  H Check type of organization: X Section 501(c)(3) exer				AK	99503-5774	D 1.	Foreign organizations, che	ck here .	▶□	
H	Cne	CK Type	of organization	: X Section	on 501(c)(3) exe	mpt private foundation Other taxable private	ON foundation	2.	Foreign organizations mee	•	. $\Box$
	360	4011 48	747 (a)(1) Honex	empi Giania	<del></del>		loundation	= If:	check here and attach con private foundation status w		
Fair market value of all assets at end J Accounting r				Accrual	_	der section 507(b)(1)(A), c					
		ear ( <i>fr</i> o 16) ▶	m Part II, col. (c	;), 	Other (sp	pecify)			the foundation is in a 60-mo		. $\Box$
			·			d) must be on cash bas	is)	ur	der section 507(b)(1)(B), c		
Pa	rt i		ysis of Revenu	-		(a) Revenue and	(b) Net investme	ınt	(c) Adjusted net	(d) Disbursem for chantable	
			its in columns (b), (c) Iounts in column (a) (			expenses per	ıncome	,,,,	income	purposes	6
		ine ani	Counts in Column (a) (	see page 11 01	uie irisuucuoris) )	books				(cash basis or	nly)
	1		outions, gifts, grants,	-	•	533,640					
	2	Check	If the foundat	on is <b>not</b> requi	red to attach Sch B	· 	· 				
	3		st on savings and			645		<u>645</u>			
	4	Divide	ends and interest f	from secuntie	s	91,078		078			
	5 :	a Gross	rents			31,852	31	852			
9	_		ental income or (lo	• —	-69,307						
Revenue		•	ain or (loss) from s			-261,012					
Š	_		sales price for all ass								
ď	7		al gain net income		-			0			
	8		hort-term capital g	ain							
	9		ne modifications		il (CO						
			sales less returns an	, ,							
			Cost of goods so		လ () ()				_		
			profit or (loss) (at income (attach so			0					
	11 12		. Add lines 1 throi		72010 Q.						
	40			_ , , , , , , , , , , , , , , , , , , ,	1,222,122	396,203	123	<u>,575</u>			0.054
Expenses	13		ensation of office	(= (=)		144,625			Column (c) not re-	4	9,654
20	14 15		employee salarie	-		900			quired because	<del></del>	181
<u> </u>	10		on plans, employe			2 770			this is a non-	·	
ũ	10	-	fees (attach sche			3,770		<u>0</u> 0			200
Š			unting fees (attach	•		2,575	22		foundation without income on lines		200
ä	17	Intere	professional fees	(allaur sure	dule)	33,370		<u>,370</u>	10 or 11, above	<del></del>	0
Administrativ	18		attach schedule) (se		· · · · ·	24,731	10	,876		<del></del>	4,781
Ξ	19		cation (attach sc			49,659		, <u>570</u>			4,701
트	20	•	pancy	•		43,000		,000			
ĕ	21		I, conferences, an			26,946	10	,600			8,054
and	22		ng and publication	-		20,040		,000			<u> </u>
恧	23		expenses (attach			44,156	35	886			250
Operating	24		operating and ac	•				,000			
at			nes 13 through 23			330,732	137	325		6	3,120
<u>e</u>	25		ibutions, gifts, gra			171,449		0.0			1,449
ō	26		expenses and disbu	•		502,181		,325			4,569
—	27		act line 26 from lin			502,101	137	, U.S.U		23	7,000
			s of revenue over e		lisbursements	-105,978					
			vestment incom	•		.00,070		0			
			sted net income (		•						
					<del></del>	ge 30 of the instructio	ne		L	Form <b>990-PF</b>	(2000)
r Ul	LIIA	aur Aül	and raperwork	reduction A	wirithing and the contract of	ge av or ure maducuc	113.			- rum 330°F	t∠UU9

Part II		Attached schedules and amounts in the description column	Beginning of year	End o	End of year	
Pa	يبعد	Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	-19,353	11,364	11,364	
	2	Savings and temporary cash investments	378,373	598,803	598,803	
	3	Accounts receivable				
		Less: allowance for doubtful accounts			· · · · · · · · · · · · · · · · · · ·	
	4	Pledges receivable			حجادت و درود وید بدورد. رواند و درود	
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the		i		
	_	instructions)		· · · · · · · · · · · · · · · · · · ·	र क्या क्या पर्याच्या सम्बद्धाः स्था	
	7	Other notes and loans receivable (attach schedule)				
Assets		Less, allowance for doubtful accounts				
SS	8	Inventories for sale or use				
ď	9	Prepaid expenses and deferred charges				
		Investments—US and state government obligations (attach schedule)	4 402 040	2 054 005	2 027 562	
		o Investments—corporate stock (attach schedule)	4,183,040	3,854,895	3,827,563	
		Investments—corporate bonds (attach schedule)				
ĺ	11	Investments—land, buildings, and equipment, basis 1,797,179	1,745,651	1,721,237	1,794,961	
	12	Less accumulated depreciation (attach schedule)  75,942	1,745,051	1,121,231	1,754,501	
	13	Investments—mortgage loans			· · · · · · · · · · · · · · · · · · ·	
	14	Investments—other (attach schedule)				
	'*	Land, buildings, and equipment basis   15,332	11,213	8,147	8,147	
	15	Less: accumulated depreciation (attach schedule)   7,185  Other assets (describe   )	11,213	0,177	0,147	
	16	Other assets (describe  Total assets (to be completed by all filers—see the				
	''	instructions. Also, see page 1, item I)	6,298,924	6,194,446	6,240,838	
	17	Accounts payable and accrued expenses	0,200,024	0,104,710	0,2,10,000	
	18	Grants payable				
es	19	Deferred revenue				
labilities	20	Loans from officers, directors, trustees, and other disqualified persons .			• • • • • • • •	
<del>a</del>	21	Mortgages and other notes payable (attach schedule)				
J	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here				
Ś	ł	and complete lines 24 through 26 and lines 30 and 31.				
ances	24	Unrestricted	6,298,924	6,194,446	- · · · · · · · · · · · · · · · · · · ·	
_	25	Temporarily restricted				
Ba	26	Permanently restricted				
2		Foundations that do not follow SFAS 117, check here				
Ē		and complete lines 27 through 31.				
Net Assets or Fund	27	Capital stock, trust principal, or current funds		·		
8	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
8	29	Retained earnings, accumulated income, endowment, or other funds				
As	30	Total net assets or fund balances (see page 17 of the	:			
et		instructions)	6,298,924	6,194,446		
Z	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	6,298,924	6,194,446		
	rt III	Analysis of Changes in Net Assets or Fund Balances		<del></del>		
1		net assets or fund balances at beginning of year—Part II, column (a), line	_		0.000.004	
_		of-year figure reported on prior year's return)			6,298,924	
		r amount from Part I, line 27a			-105,978 1 500	
		r increases not included in line 2 (itemize) PPA-cash adjustment			1,500	
		ines 1, 2, and 3			6,194,446 0	
5		eases not included in line 2 (itemize)			F	
	ıotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	Diumi (b), line 30		6,194,446	

Part IV Capital Gains and	<u>d Losses for Tax on Inves</u>	tment inco	me				
(a) List and describe the	kind(s) of property sold (e.g., real estate, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr.)		
1a BERNSTEIN - publicly trade	d securities						
b MORGAN STANLEY-publicly							
c MORGAN STANLEY-publicly	y traded						
_d							
<u>e                                      </u>	(D. D				1		
(e) Gross sales price	(or allowable) plus expense of sale				(h) Gain or (loss) (e) plus (f) minus (g)		
a 883,528		<del> </del>	1,144,587		-261,059		
b 386,001	391,753 57,008			-5,752			
c 62,808			57,008		5,800		
e			· <del>- ·- · · · · · · · · · · · · · · · · ·</del>				
<del></del>	ng gain in column (h) and owned t	ov the foundati	on on 12/31/69	(D Coupe (Co	ol (h) gain minus		
(i) F.M V as of 12/31/69	(j) Adjusted basis	(k) Exce	ess of col (i)	col (k), but no	ot less than -0-) or		
	as of 12/31/69	over co	ol (j), if any	Losses (	from col (h))		
<u>a</u>					-261,059		
b c					-5,752 5,800		
d					5,600		
е —					<del> </del>		
2 Capital gain net income or (	net capital idee) ( ~	o enter in Pa		2	-261,011		
3 Net short-term capital gain of	or (loss) as defined in sections	1222(5) and	(6):				
instructions). If (loss), enter	ine 8, column (c) (see pages 1		f l	3	0		
Part V Qualification Und	<del>`</del>	ucod Tax o			0		
		······································	<del></del>	<del></del>			
(For optional use by domestic p		ie section 49	40(a) tax on net i	nvestment income	·-)		
If section 4940(d)(2) applies, lea	•						
Was the foundation liable for th				the base period?	∐ Yes ∐ No		
If "Yes," the foundation does no	t qualify under section 4940(e)	). Do not con	nplete this part.		······································		
1 Enter the appropriate amo	unt in each column for each ye	ear; see page	e 18 of the instruc	tions before makir	ng any entries.		
(a)	(b)		(c)		(d) stribution ratio		
Base period years  Calendar year (or tax year beginning in	Adjusted qualifying distributions	Net value	of nonchantable-use a	ceate	divided by col. (c))		
2008	187,9	954	4,631	,354	0 040583		
2007	127,	250	1,131	,559	0.112455		
2006		500		,226	0.050519		
2005		500		7,682	0.050468		
2004	12,:	500	245	5,162	0 050987		
2 Total of line 1, column (d)				<del></del>	0.305012		
3 Average distribution ratio fo the number of years the fou	r the 5-year base perioddivid ndation has been in existence			1 4 1	0.061002		
•			•				
4 Enter the net value of nonch	nantable-use assets for 2009 f	rom Part X, II	ine 5	. 4	5,416,553		
5 Multiply line 4 by line 3				5	330,421		
6 Enter 1% of net investment	income (1% of Part I, line 27b)	)		. 6	0		
7 Add lines 5 and 6				7	330,421		
8 Enter qualifying distributions	e from Part VII line 4			. 8	234,569		
	er than line 7, check the box in						

P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e ins	tructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. ☐			
	Date of ruling or determination letter (attach copy of letter if necessary—see Instructions)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	
	here  and enter 1% of Part I, line 27b			
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
_	of Part I, line 12, col. (b)		^	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	ļ
3	Add lines 1 and 2		0	
4			0	
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		U	
0	a 2009 estimated tax payments and 2008 overpayment credited to 2009 . 6a 1,937			
	b Exempt foreign organizations—tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868) 6c 0			
	d Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		,937	
8	Enter any penalty for underpayment of estimated tax. Check here  ff Form 2220 is attached  from 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10		-	,937	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► 1,937 Refunded ► 11		0	
Р	art VII-A Statements Regarding Activities			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
٠	participate or intervene in any political campaign?	1a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	<u> </u>		
	instructions for definition)?	16	ļ	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	C Did the foundation file Form 1120-POL for this year?	1c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers $\blacktriangleright$ \$ 0			
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers   \$0			
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			, .	
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	AI/A	X
_	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5	N/A	X
5	• • • • • • • • • • • • • • • • • • • •	3		
6	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
6	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Х	
7		7	X	
	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
_	instructions) ► AK			
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?		1	
	If "Yes," complete Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors dunng the tax year? If "Yes," attach a schedule listing	1	1	
_	their names and addresses	10	X	<u>L</u>

om	990-PF (2009) LANGSTON FAMILY FOUNDATION 99-033	0063	Page 5
Pari	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11	x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	12	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
	Website address langstonfamilyfoundatino.com		
14	The books are in care of ► STEVE LANGSTON, DIRECTOR Telephone no. ► (480) 209-9	729	
	Located at ▶ 9905 N 78th PLACE SCOTTSDALE AZ ZIP+4 ▶ 85258-1390		
15	Section 4947(a)(1) nonexempt charatable trusts filing Form 990-PF in lieu of Form 1041—Check here		▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period		
	after termination of government service, if terminating within 90 days.)		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	X
	Organizations relying on a current notice regarding disaster assistance check here	•	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d		
	and 6e, Part XIII) for tax year(s) beginning before 2009?		
	If "Yes," list the years > 20, 20, 20		
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b N	N/A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business		
Ja	enterprise at any time during the year?		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation		
_	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		
	if the foundation had excess business holdings in 2009.)	3b 1	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable		
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	Х

For	m 990-PF (2009) LANGSTON FAMILY FOUNDATION	99-0330063	Page 7
	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)		<b>,</b>
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enti-	er "NONE."	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compens	sation
NÇ	DNE		
То	tal number of others receiving over \$50,000 for professional services	>	0
Î	art IX-A Summary of Direct Charitable Activities		
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as e number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expense	:s
	PROVIDE CHARITABLE DONATIONS TO EDUCATIONAL AND CHARITABLE INSTITUTIONS TO FURTHER THEIR RESPECTIVE PROGRAMS.		474 440
2		<del> </del>	<u>171,449</u>
_			
3			
	<del></del>	<del>                                     </del>	
4			
		<u> </u>	
	art IX-B Summary of Program-Related Investments (see page 24 of the instructions) escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Т	
1	scribe the two targest program-related investments made by the roundation during the tax year on lines 1 and 2.	Amount	<u> </u>
•			
_		<u> </u>	
2	······································		
Al 3	other program-related investments. See page 24 of the instructions		·· · ·
•			
To	tal. Add lines 1 through 2	<del> </del>	

Form 990-PF (2009)

Pai	Minimum investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		····
	purposes		
а	Average monthly fair market value of securities	1a	3,232,312
b	Average of monthly cash balances	1b	491,727
C	Fair market value of all other assets (see page 24 of the instructions)	1c	1,775,000
d	Total (add lines 1a, b, and c)	1d	5,499,039
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,499,039
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	82,486
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,416,553
6	Minimum investment return. Enter 5% of line 5	6	270,828
Par		perating	
1	Minimum investment return from Part X, line 6	1	270,828
2a	Tax on investment income for 2009 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2009. (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	270,828
4	Recoveries of amounts treated as qualifying distributions	4	1,500
5	Add lines 3 and 4	5	272,328
6	Deduction from distributable amount (see page 25 of the instructions)	6	2,2,020
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		<del></del>
•	line 1	7	272,328
		<u> </u>	212,020
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	234,569
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Surtability test (prior IRS approval required)	3a	
ь	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	234,569
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		20.,000
•	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	234,569
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	<u></u>	254,505
	mote. The amount on line 6 will be used in Part V, column (b), in subsequent years when carculating whether the found unliftes for the section 4940(e) reduction of tax in those years	uauvii	

Part	XIII Undistributed Income (see page 26 of	the instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	<b>(d)</b> 2009
_	line 7	era de la companya d			272,328
2	Undistributed income, if any, as of the end of 2009:				
a	Enter amount for 2008 only			0	
_	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
D	From 2005	-			
G					
a	From 2007				
e 4		19,751			
A .	Total of lines 3a through e	19,731			
4	Qualifying distributions for 2009 from Part XII, line 4: \$ \$ 234,569				
а	Applied to 2008, but not more than line 2a .			0	
	Applied to undistributed income of prior years				
D	(Election required—see page 26 of the instructions)		0		
c	Treated as distributions out of corpus (Election	·	0		
·	required—see page 26 of the instructions)	0			
d	Applied to 2009 distributable amount				234,569
e	Remaining amount distributed out of corpus	0			201,000
5	Excess distributions carryover applied to 2009	19,751			19,751
	(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	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				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		0		
е	Undistributed income for 2008. Subtract line				
	4a from line 2a Taxable amount—see page 27 of the				
	instructions			0	<u> </u>
f	Undistributed income for 2009. Subtract				
	lines 4d and 5 from line 1 This amount must	•			
	be distributed in 2010		<u> </u>		18,008
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	1			
	not applied on line 5 or line 7 (see page 27 of the				
	instructions)		0		
9	Excess distributions carryover to 2010.	1			
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а		0			
b		0.			
C		0			
d		0			
е	Excess from 2009	0			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	ear or Approved fo	r Future Pa	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	,			
UNIV OF TEXAS GEOLOGY FOUNDATION		ł	Equip purch & maint	
P.O. Box B Austin TX 78713-8902		PUBLIC		12.500
DIVIDE COUNTY AREA DOLLARS FOR SCHOLARS			Post-secondary ed	
P.O. Box 5509 Bismarck ND 58506		PUBLIC		4.000
ST LUKES COMMUNITY FOUNDATION		DI IDI IO	Parks & rec equip; fire	4.500
702 1st Street NW Crosby ND 58730 NORTH STAR BOROUGH SCHOOL DISTRICT		PUBLIC	dept safety gear Racial education	4,500
		PUBLIC	Radareducation	5,000
520 5th Avenue Fairbanks AK 99701 DIVIDE COUNTY GIRL SCOUTS		PUBLIC	Provide meeting/storage	5,000
523 31st Avenue SW Minot ND 58701		PUBLIC	space	1,200
FAIRBANKS SYMPHONY ORCHESTRA		POBLIC	Young musicians	1,200
PO Box 82104 Fairbanks AK 99708		PUBLIC	education	5,000
BOY SCOUTS, TROOP 338		T OBLIG	Purchase equipment	0,000
Crosby ND		PUBLIC	l aronass squipment	600
BLUE LINE HOCKEY CLUB	· ····	1	Skills clinic	
P.O Box 538 Crosby ND 58730		PUBLIC		2,000
DIVIDE COUNTY HIGH SCHOOL			Publish yearbook,	•
604 4th St SE Crosby ND 58730		PUBLIC	basketball uniforms	1,300
OCEAN VIEW ELEMENTARY PTA		1	Giving Tree program	
11911 Johns Rd Anchorage AK 99515		PUBLIC		1,750
NORTHERN ALASKA HOCKY ASS'N			Support team travel	
c/o Susan Clifton, Fin Mgr, 519 12 Ave Fairbanks AK		PUBLIC	costs	3,000
SPECIAL OLYMPICS OF TANANA VALLEY			Expand sports program	
P.O. Box 82425 Fairbanks AK 99708		PUBLIC		5,000
DIVIDE COUNTY LIBRARY		BUBLIO	Update circulation desk	een.
204 1st St NE Crosby ND 58730		PUBLIC	Support of meetings;	650
CONCORDIA LUTHERAN CHURCH 301 Main St NW Crosby ND 58730	Í	PUBLIC	troop gift boxes	2,450
HU NA'E HAO KANTA dba CANTATE	<u> </u>	FOBLIC	Support youth education	2,430
P.O. Box 1195 Hagatna GU 96932-1195		PUBLIC	Cappert your cadoanon	2,500
AMERICAN MISSIONARY FELLOWSHIP		I GEEIG	Teen drug/alcohol	-1000
672 Conestoga Rd Villanova PA 19085	:	PUBLIC	counseling/education	5,000
Total See Attached Statement			<b>▶</b> 3a	171,449
b Approved for future payment				
			1	
	1		1	
		1	1	
			i	
	]		1	
	1		1	
			1	
			1	
			1	
	}			
	-			
	<u></u>			
Total	<u> </u>	<u> ,</u>	▶ 3b	0

er gross amounts unless otherwise indicated.	Unrelated busi	ness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a					
b					
c	_		1		
d	_		ļ		<u> </u>
e	_	<del></del>	<del> </del>	·	
f	_				
g Fees and contracts from government agencies			-		<u> </u>
Membership dues and assessments	<del></del>	<del></del>	1 11	CAE	<del> </del>
Interest on savings and temporary cash investments	·		14	645	
Dividends and interest from securities			14	91,078	
Net rental income or (loss) from real estate.					•
a Debt-financed property					
b Not debt-financed property  Net rental income or (loss) from personal property	•		16	-69,307	
- · · · ·			<del>                                     </del>	-09,307	
Gain or (loss) from sales of assets other than inventory			18	-261,012	
Net income or (loss) from special events			1 1	-201,012	
Ocean mostly on Alana's from andrea of inventors.			1	,	
Other revenue: a	·		<del>† †</del>		·
b			†		· · · · · · · · · · · · · · · · · · ·
	_				- /
					<del></del>
·					
d				-238,596	
d				-238,596 13_	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal	culations )				-238,596
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad	ccomplishment	of Exempt F	Purposes	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad ne No. Explain below how each activity for which income	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to verify cal rt XVI-B Relationship of Activities to the Ad the No. Explain below how each activity for which incomplishment of the foundation's exemp	lculations ) ccomplishment me is reported in colu	of Exempt F	Purposes (VI-A contributed im	13	

99-0330063

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								Yes	No	
a Transfers from the reporting foundation to a noncharitable exempt organization of:								,		
(1) Cash									1a(1)	X
								1a(2)	X	
b Other transactions:										
									1b(1)	X
		irchases of assets from		•					1b(2)	X
		ental of facilities, equip							1b(3)	X
		eimbursement arrange							1b(4)	X
		ans or loan guarantee							1b(5)	X
	(6) Pe	erformance of services	or membersh	ip or fundraising s	solicitations .				1b(6)	X
C	Sharin	g of facilities, equipme	ent, mailing lis	ts, other assets, o	r paid employe	es .			1c	X
	value i	answer to any of the at of the goods, other ass in any transaction or sl	sets, or service haring arrange	es given by the re ement, show in co	porting foundat lumn (d) the va	ion. If the	he foundation rec he goods, other a	ceived less that assets, or serv	n fair marki ices receive	ed. 
(a)	Line no	(b) Amount involved	(c) Name o	of nonchantable exempt	organization	(d) Des	scription of transfers, t	ransactions, and si	nanng arrange	ments
			ļ							
									<del></del>	
							·			
			<u> </u>		<del></del>	ļ				
			<del> </del>	NI/A						
			<u> </u>	<u>N/A</u>						
			<u> </u>	·		<u> </u>				
						<b></b>				
				<del></del>	<del></del>	<u> </u>			<del></del>	
							· · · · · · · · · · · · · · · · · · ·			
						l		<del> </del>		
							·			
	descri	foundation directly or i bed in section 501(c) o ," complete the followi	of the Code (o					tions	Yes X No	,
		(a) Name of organization		(b) Type	of organization		(c) Desc	cription of relations	hip	
									·	
					N/A		ļ	<del></del>		
							L		<del></del>	
		er penathes of perjury, I declar, it is true, correct, and comp						-	_	
<sub>(h</sub>						<u> </u>	2-10 DI	RECTOR		
e.	Sig	natere of officer or trustee			Da	te	Titl	e		
Sign Here	Pald Preparer's Use Only	Preparer's	uala C	1 Marai	Date		Check if self-employed	page 30 of	e Signature of the instructions	
	9 5 8	signature / Corveys if	y was V	WI WUNN	11/9/201	U	L	P0014842		
	43	Firm's name (or yours if self-employed), address,		ACCOUNTING SE				EIN ► 92-01	16386	
	1	and ZIP code	7 3705 ARC	CTIC BLVD 485, A	NCHORAGE, A	AK 995	503-5774	Phone no (90	7) 276-509	5

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization	<del></del>		Employer identification number
LANGSTON FAMILY FOL	NDATION		99-0330063
Organization type (check			
Filers of:	Section:		
Form 990 or 990-EZ			
	4947(a)(1) nonexen	npt charitable trust not treated as a private	foundation
	527 political organiz	zation	
Form 990-PF	X 501(c)(3) exempt pr	rivate foundation	
	4947(a)(1) nonexen	npt charitable trust treated as a private fou	ndation
	501(c)(3) taxable pr	rivate foundation	
Note. Only a section 501( instructions.	c)(7), (8), or (10) organizatio	on can check boxes for both the General Re	ule and a Special Rule See
•	c)(7), (8), or (10) organizatio	on can check boxes for both the General Ri	ule and a Special Rule See
General Rule			
	n filing Form 990, 990-EZ, o one contributor. Complete I	or 990-PF that received, during the year, \$5 Parts I and II.	6,000 or more (in money or
Special Rules			
sections 509(a)(1)	and 170(b)(1)(A)(vi), and re	n 990 or 990-EZ that met the 33 1/3 % sup eceived from any one contributor, during the orm 990, Part VIII, line 1h or (ii) Form 990-E	e year, a contribution of the greater
the year, aggregat	e contributions of more than	on filing Form 990 or 990-EZ that received in \$1,000 for use exclusively for religious, clelty to children or animals. Complete Parts	haritable, scientific, literary, or
the year, contribut aggregate to more year for an exclusing applies to this organization.	ons for use exclusively for than \$1,000. If this box is covely religious, charitable, et inization because it received	on filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but the checked, enter here the total contributions to., purpose. Do not complete any of the pad nonexclusively religious, charitable, etc.,	ese contributions did not that were received during the arts unless the <b>General Rule</b> contributions of \$5,000 or more
Caution. An organization 990-EZ, or 990-PF), but it	that is not covered by the G must answer "No" on Part	seneral Rule and/or the Special Rules does IV, line 2 of its Form 990, or check the box not meet the filing requirements of Schedul	not file Schedule B (Form 990, on line H of its Form 990-EZ,

	(Form 990, 990-EZ, or 990-PF) (2009)  rganization		Page 1 of 1 of Part I Employer identification number
LANGSTO	ON FAMILY FOUNDATION		99-0330063
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VIRGINIA LEE LANGSTON, deceased - IRA		Person X Payroll
	First Hawaiian Trust Dept, PO Box 3708  Honolulu HI 96811-3708  Foreign State or Province: Foreign Country:	\$3,347.	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JD LANGSTON CREDIT SHELTER TRUST  First Hawaiian Trust Dept, PO Box 3708  Honolulu HI 96811-3708  Foreign State or Province: Foreign Country:	\$ 204,114	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	VL LANGSTON TERMINATING TRUST  First Hawaiian Trust Dept, PO Box 3708  Honolulu HI 96811-3708  Foreign State or Province: Foreign Country	\$189,259	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 4	VL LANGSTON TERMINATING TRUST  First Hawaiian Trust Dept, PO Box 3708  Honolulu HI 96811-3708  Foreign State or Province Foreign Country.	\$80,307	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	VL LANGSTON TERMINATING TRUST  First Hawaiian Trust Dept, PO Box 3708  Honolulu HI 96811-3708  Foreign State or Province: Foreign Country:	\$56,613	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
. 6		\$	Person Payroll Noncash Complete Part II if there is
	Foreign State or Province.	}	a noncash contribution )

Foreign State or Province.
Foreign Country

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

ene	1	of	1	of Part II
aue		OI		OI Part II

Name of organization **Employer identification number** LANGSTON FAMILY FOUNDATION 99-0330063 Noncash Property (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I Stock and securities 4 3/13/2009 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I Stock and securities \_\_5\_\_ 4/1/2009 \$ 56,613 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$\_\_\_\_\_ (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

Form 8	868 (Rev 4-2009)			Page 2
• If 9	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	this box		. <b>▶</b> X
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previous	ly filed Fo	rm 886	3.
• if	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copi	es neede	d).	
Type	or Name of Exempt Organization Empl	oyer ident	fication	number
print	LANGSTON FAMILY FOUNDATION 99-03	30063		
File by t		RS use only	,	
due date				
filing the return S				
instruction	ons ANCHORAGE AK 99503-5774			
Chec	k type of return to be filed (File a separate application for each return):			
F	Form 990 X Form 990-PF	Form	n 6069	
ΠF	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Form	n 8870	
===				
	form 990-EZ Form 990-T (trust other than above) Form 5227			
	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously fil	ed Form 8	368	<u> </u>
	ne books are in the care of DOUG MORRIS, CPA			
	elephone No. ► (907) 276-5095 FAX No. ► (907) 278-5096			
	the organization does not have an office or place of business in the United States, check this box			. ▶Ц_
• If 1	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If this	IS
for the	e whole group, check this box $\ldots$ $\ldots$ $\blacktriangleright$ $lacksquare$ . If it is for part of the group, check this box $\ldots$ $\ldots$	▶ar	d attac	h a
list wi	th the names and EINs of all members the extension is for.			
4	I request an additional 3-month extension of time until 11/15/2010 .			
5	For calendar year 2009 , or other tax year beginning , and ending			
6	If this tax year is for less than 12 months, check reason: Initial return Final return Char	nge in acc	ountina	period
7	State in detail why you need the extension More time is requested to acquire all information needed			F
	and file an accurate return.			·
	***************************************			
8 a	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.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any			
	amount paid previously with Form 8868.	8b	\$	
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with			<del></del>
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0
	Signature and Verification			
Under		knowledae	and belief	
it is true	penalties of penitry, I declare that have examined this form, including accompanying schedules and statements, and to the best of my e, correct, and complete, and that I am authorized to prepare this form.			
	Day the Allthon			
Signatu	THE DOUP OF CPA	Date 🕨		0/2010
	/	Farm	8868	(Rev. 4-2009)

(Rev April 2009) Department of the Treasury

## **Application for Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

Internal Revenu	ie Service		File a separate a	oplication for each re	eturn.		<u> </u>		
			h Extension, comple						► X
			rtomatic) 3-Month E						
			Iready been granted				filed Fo	orm 88	<u>68.</u>
Part I	Automat	tic 3-Month Exten	sion of Time. Only	submit original (n	no copies neede	ed).			
A corporation Part I only.		o file Form 990-T an	d requesting an autor	matic 6-month exter	nsion—check this	box and cor	nplete		▶[]
All other cor	morations (ii	ncludina 1120-C filei	s), partnerships, REN	AICs and trusts mus	st use Form 7004	1 to request a	ın exte	nsion (	of
time to file in	•		-,, parareren, pe, r. <u>-</u>				0		
of the return electronicall returns, or a	ns noted below by if (1) you wanted to composite	ow (6 months for a c want the additional ( or consolidated Fon	n electronically file Forporation required to not automatic) 3-monin 990-T. Instead, you ic filing of this form, we	ofile Form 990-T). H th extension or (2) y must submit the ful	lowever, you can you file Forms 990 Ily completed and	not file Form 0-BL, 6069, o d signed page	8868 or 8870 e 2 (Pa	), group art II) o	p f
Type or	Name of E	xempt Organization		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Employer ide	ntificati	on nun	nber
print		ON FAMILY FOUND	ATION		į į	-0330063			
File by the			no If a P.O box, see i	nstructions					
due date for	3705 AR	CTIC BLVD 485							
filing your return See	City, town	or post office, state, an	d ZIP code. For a foreig	n address, see instruc	ctions.				
instructions	ANCHOR	RAGE		<del></del>		AK	995	03-577	74
Check type	of return to	o be filed (file a sep	arate application for e	each return):					
Form 99	90		Form 990-T (corp	oration)			□ F	orm 47	720
Form 9	90-BL	Γ	Form 990-T (sec.	401(a) or 408(a) tru	ust)		$\Box$ F	orm 52	227
Form 9		ř	<del>-</del>	other than above)	,			orm 60	
		<u> </u>	≒ `	otilei tilali above)			=		
X Form 9	90-PF	L	_ Form 1041-A				<u></u>	orm 88	370
Telephor If the org If this is the state of the wholest with the	ne No. panization do for a Group nole group, o names and	Return, enter the orgoneck this box EINs of all members	e or place of busines panization's four digit the extension will conths for a corporation	Group Exemption N s for part of the grouver.	es, check this boo Number (GEN) up, check this boo	<b>.</b> ▶		 If thi	
	the organiza	ation's return for:	to file the exempt org	anization return for	the organization	named abov	e. The	extens	sion
▶⊭	<b>5</b>	year <u>2009</u> or							
▶[	tax year b	eginning		and end	ding				•
2 If this	tax year is	for less than 12 mon	ths, check reason: [	Initial return	Final return	Change	in acc	ountin	g period
3 a If this	application	ıs for Form 990-BL.	990-PF, 990-T, 4720	or 6069, enter the	tentative tax.				
		ndable credits. See i		,			3a   \$		1,500
			or 990-T, enter any re	fundable credits an	d estimated tax		1		
			ar overpayment allow			] ;	зь \$		1,937
			ne 3a. Include your p		m, or, if required,				
			d, by using EFTPS (f						
	em). See ins						3c \$		0
Caution. If	you are goir	ng to make an electr	onic fund withdrawal	with this Form 8868,	, see Form 8453-	EO and For	n 8879	-EO	
for payment	t instructions	<u>s.                                    </u>							
E Dimensi	Act and Dan	much Baduction Ad	Motion and Instruction				r Q	262 (0	4 2000)

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year X Business **DESCHUTES CHILDRENS FOUNDATION** Person Street 1010 NW 14th St City State Zip code Foreign Country 97701 OR Bend Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount Help needy, neglected, abused children 5,500 Name X Business SAFE KIDS CENTRAL OREGON Person Street 2500 NE Neff Rd State Zip code Foreign Country City Bend OR 97701 Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount Children safety education/equipment 3,000 Name CONCORDIA UNIVERSITY-IRVINE X Business Person Street 1530 Concordia City State Zip code Foreign Country 92612 Irvine Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount Library books; student internet camera 10,099 Name X Business **LUTHERAN CHURCH OF GUAM** Person Street 787 W Marine Corps Dr Zip code Foreign Country City State 96910 GU Hagatna Foundation Status Relationship **PUBLIC** Purpose of grant/contribution Amount 2,000 Missionary church building Name VASHON ISLAND CHORALE Person X Business Street P.O Box 2325 Foreign Country City State Zip code 98070-2325 Vashon Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount Rent event venue 2,000 Name X Business VASHON OPERA Person Street 10407 SW Cowan Rd State Zip code Foreign Country City 98070 WA Vashon Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount

3,000

Support inaugural season of opera

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name X Business TRINITY LUTHERAN SCHOOL Person Street 2550 NE Butler Market Rd State Zip code Foreign Country City 97701 OR Bend Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount 5,000 Tuition assistance for needy children Name X Business **BEND PARKS & REC FOUNDATION** Person Street P.O. Box 1212 Foreign Country State Zip code City OR 97709 Bend Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount 1,250 Kids summer program Name X Business VASHON ISLAND HIGH SCHOOL Person Street 20120 Vashon Hwy SW City State Zip code Foreign Country 198070 Vashon WA Foundation Status Relationship **PUBLIC** Purpose of grant/contribution Amount Drama sound system 2,000 Name X Business ANCHORAGE GOSPEL RESCUE MISSION Person Street 2823 E Tudor Rd State Zip code Foreign Country City 99507 Anchorage AK Foundation Status Relationship PUBLIC Purpose of grant/contribution Amount Thanksgiving meals for homeless 1,000 Name X Business Person ROTARY CLUB OF FOUR PEAKS Street P.O. Box 18111 State Zip code Foreign Country City 85269 Fountain Hills Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount 1.500 Youth education program Name X Business THE SHELLY COHEN FOUNDATION Person Street 16807 E Palisades Blvd 201 State Zip code Foreign Country City Fountain Hills 85268 Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount Driver training DVD production 5,000

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name **FOUNTAIN HILLS PTO** Person X Business Street 13771 N Fountain Hills Blvd 114 State Zip code City Foreign Country 85268 Fountain Hills Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount 4,000 Arts department; 2009 Falcon Fiesta Name X Business FOUNTAIN HILLS HIGH SCHOOL Person Street 16100 E Palisades Blvd City State Zip code Foreign Country ΑZ 85268 Fountain Hills Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount Support athletics programs; ir class prom 7,500 Name Person X Business **FOUNDATION FLIGHTING BLINDNESS** Street 11435 Cronhill Drive City State Zip code Foreign Country **Owings Mills** MD 21117 Foundation Status Relationship PUBLIC Purpose of grant/contribution Amount Research degenerative diseases 5,000 Name X Business **ELKS LODGE NO 2846** Person Street 16752 E Glenbrook Blvd Foreign Country City State Zip code Fountain Hills ΑZ 85268 Foundation Status Relationship PUBLIC Purpose of grant/contribution **Amount** Support troops; needy children 1,250 Name ARIZONA SWISH FOUNDATION Person X Business Street City State Zip code Foreign Country Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount Support girls basketball 800 Name X Business KEMPE FOUNDATION Person Street 13123 E 16th Ave, B390 State Zip code Foreign Country City Aurora CO 80045 Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount

5,000

Support abused & neglected children

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name FOUNTAIN HILLS COMMUNITY THEATRE Person X Business 11445 N Saguaro Blvd Zip code Foreign Country City State 85268 Fountain Hills Foundation Status Relationship **PUBLIC** Purpose of grant/contribution **Amount** 10,000 Annual fundraiser, youth theatre support Name X Business **YOUNG LIFE** Person Street 7120 Old Seward Hwy 201 Foreign Country City State |Zip code 99518 AK Anchorage Relationship Foundation Status PUBLIC Purpose of grant/contribution Amount 9,600 Support fundraiser; volunteer development/training Name X Business Person **GRACE CHRISTIAN SCHOOL** Street 12407 Pintail St City State Zip code **Foreign Country** Anchorage 99516 Foundation Status Relationship **PUBLIC** Purpose of grant/contribution Amount Gymnasium expansion 10,000 Name X Business **NEW GRACE CHRISTIAN CHURCH** Person Street 10821 Totem Road Foreign Country Citv State Zip code Anchorage AK 99516 Foundation Status Relationship PUBLIC Purpose of grant/contribution **Amount** 7,000 Children's ministry; holiday food boxes X Business Person ANCHOR LUTHERAN SCHOOL Street 8100 Arctic Blvd State Zip code Foreign Country City 99518-3003 **Anchorage** Foundation Status Relationship PUBLIC Purpose of grant/contribution Amount 1.000 Early grades lap books Name X Business **REAL LIFE FOUNDATION** Person Street 32nd St / University Pkwy, 4th Floor City State Zip code Foreign Country Bonifacio Global City, Taguig 1200 **Philippines** Relationship Foundation Status PUBLIC

Amount

2,500

Purpose of grant/contribution

Clothes for homeless, needy

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name **CRISIS PREGNANCY CENTER** Person X Business Street 2900 Boniface Pkwy City State Zip code Foreign Country 99504 **Anchorage** AK Relationship Foundation Status **PUBLIC** Purpose of grant/contribution **Amount** Ultrasound supplies 1,000 Name ARC OF ANCHORAGE Person X Business Street 2211 Arca Dr State Foreign Country City Zip code ΑK 99508-3462 Anchorage Relationship Foundation Status **PUBLIC** Purpose of grant/contribution Amount Disabled persons housing project 5,000 Name Person **ALASKA FAMILY COUNCIL** X Business Street P O. Box 231425 City State Zip code Foreign Country **Anchorage** 99523 Foundation Status Relationship PUBLIC Purpose of grant/contribution Amount Internet filters lobbying on public computers 4,000 Name Person Business Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount Name Person Business Street City Foreign Country State Zip code Relationship Foundation Status Purpose of grant/contribution Amount Name Business Person Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount

## THE LANGSTON FAMILY FOUNDATION 99-0330063

## 2009 Form 990-PF

### Line 16a (990-PF) - Legal Fees

	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	BLISS, WILKINS & CLAYTON	3.770			

### Line 16b (990-PF) - Accounting Fees

	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	ALASKA ACCOUNTING SERVICES	2,575			200

### Line 16c (990-PF) - Other Fees

	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net	Disbursements for Charitable Purposes (Cash Basis Only)
1	AXA ADVISORS-investment mgt fee	3,388	3,388		
2	BERNSTEIN-investment mgt fee	20,509	20,509		
3	MORGAN STANLEY-investment mgt fee	9,473	9,473		
4					
5	Totals	33,370	33,370	0	0

#### Line 18 (990-PF) - Taxes

	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
<u> </u>	Payroll taxes	13,963			4,781
2	Real estate taxes	8,080	8,080		
3	Section 4940 taxes	-108			
4	Foreign taxes	2,796	2,796		
5					
6_	Totals:	24,731	10,876	0	4,781

# THE LANGSTON FAMILY FOUNDATION 99-0330063

#### 2009 Form 990-PF

#### Line 19 (990-PF) - Depreciation and Depletion

	Description	Date Acquired	Method of Computation	Asset Life	Cost or Other Basss	Beginning Accumutated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net income
1	Leptop computers	8/14/2007	SL 5, HY	5.	12,932	3,879	2,586		
2	Laptop computer	5/11/2008	SL 5, HY	6	2,400	240	480		
3	Condo-Wyoming	4/20/2008	SL 40, MM	40	775,000	13,724	19,375	19,375	
4	Condo-Hawaii	5/29/2008	SL 40, MM	40.	1,000,000	15,625	25 000	25,000	
. 5	Rental furniture/boures	7/1/2009	SL 5, HY	5.	22,179		2,218		
6		T	1						
7	Totals						49 659	48 593	

#### Line 23 (990-PF) - Other Expenses

Totals.

	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization. See attached statement	0	0	0	0
2	Bank fees	327			250
3	Education	198			
4	Insurance	3,173	1,373		
5	Licenses	348			
6	Office	3,363			
7	Phone & internet	2,102			
. 8	Postage	132			
9	Rental expense-HOA dues, misc, rep/maint, utils	34,513	34,513		
10					
	Totals.	44,156	35,886	0	250

## Part II, Line 10b (990-PF) - Investments - Corporate Stock

		Num. Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of Year
1	AXA investment account		105,781	106,452	73,707	94,899
2	BERNSTEIN investment account		3,457,373	3,003,698	2,283,104	2,965,560
3	MORGAN STANLEY investment account		619,886	744,745	527,346	767,104
	Totals:		4,183,040	3,854,895	2,884,157	3,827,563

### Part II, Line 11 (990-PF) - Investments - Land, Buildings, and Equipment

	Item or Category	Cost or Other Basis	Accumulated Depreciation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	CONDO-Wyoming	775,000	33,099	761,276	741,901	775,000
2	CONDO-Hawaii	1,000,000	40,625	984,375	959,375	1,000,000
3	FURNITURE & FIXTURES	22,179	2,218	0	19,961	19,961

75,942

1,745,651

1,721,237

1,794,961

1,797,179

# THE LANGSTON FAMILY FOUNDATION 99-0330063

### 2009 Form 990-PF

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

			15,332	4,119	7,185	11,213	8,147	8,147
Γ	-			Accumulated	Accumulated			
İ			Cost or	Depreciation	Depreciation	Book Value	Book Value	FMV
L		Item or Category	Other Basis	Beg. of Year	End of Year	Beg. of Year	End of Year_	End of Year
	1	LAPTOP COMPUTERS	15,332	4,119	7,185	11,213	8,147	8,147

#### Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		Amount	_						
	Long Term CG Distributions	(							
	Short Term CG Distributions	(	<u> </u>						
						Gross		Cost or Other	
1			How	Date	Date	Sales	Depreciation	Basis Plus	Gain or
ļ	Kind(s) of Property Sold	CUSIP#	Acquired	Acquired	Sold	Price	Allowed	Expense of Sale	Loss
1	BERNSTEIN - publicly traded securities					883,528	0	1,144,587	-261,059
2	MORGAN STANLEY-publicly traded					386,001	0	391,753	-5,752
3	MORGAN STANLEY-publicly traded					62,808	0	57,008	5,800
4									
5	Totals					1,332,337	0	1,593,348	-261,011

#### Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"				1	Foreign		Average			Expense
	Name	if Business	Street	City	State	Zip Code	Country	Title	Hours	Compensation	Benefits	Account
1	STEVE A. LANGSTON		9905 N 78th PI	Scottadale	AZ	85258-1390		Director	9	33,940		
2	LARRY J. LANGSTON	1	60840 Willow Cr Lp	Bend	OR	97702		Director	8	28,130		
3	BRIAN D SWANSON		502 McAnders St	Crosby	_ ND	58730		Director	3	10,687		
•	JUDY ANSCHUETZ		3311 Princeton Wy	Anchorage	AK	99508		Director	1	0		
5	SUSAN K. LANGSTON		12045 Woodchase	Anchorage	AK	99516-2050		Director	10	38,654		
8	MICHELE POESCHEL		109 Chief Charlie Dr	Fabbanks	AK	99709-4862		Director	6	21,743		
7	NANETTE L CHARRON		PO Box 7809	Agat	GU	96928-7809		Director	3	11,491		
B	1											
	Totals									144,825	0	