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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

Department of the Treasury
Internal Revenue Service

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

For calendar year 2009, or tax year beginning

02-01, 2009, and ending

01-31, 2010

Check all that apply:

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

Use the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

CHARLES E SAAK TRUST 359-808852

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

TRUST TAX (MAC A3003-011) POB 63954

City or town, state, and ZIP code

SAN FRANCISCO, CA 94163

A Employer identification number

94-6076213

B Telephone number (see page 10 of the instructions)

(916) 788-4511

C If exemption application is pending check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test,
check here and attach computationE If private foundation status was terminated
under section 507(b)(1)(A), check hereF If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here

Check type of organization.

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationFair market value of all assets at
end of year (from Part II, col. (c),
line 16) ▶ \$

1,518,220

J Accounting method.

☒ Cash☐ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of

amounts in columns (b), (c), and (d) may not necessarily equal
the amounts in column (a) (see page 11 of the instructions))(a) Revenue and
expenses per
books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable
purposes
(cash basis only)

1 Contributions, gifts, grants, etc., received (attach schedule)

2 Check ☒ if the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

172

172

172

4 Dividends and interest from securities

48,991

48,991

48,991

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

(22,323)

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

26,840

49,163

49,163

13 Compensation of officers, directors, trustees, etc

17,664

15,898

15,898

1,766

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

STM108

b Accounting fees (attach schedule)

2,815

2,815

2,815

c Other professional fees (attach schedule)

17 Interest

STM110

18 Taxes (attach schedule) (see page 14 of the instructions)

304

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

STM103

23 Other expenses (attach schedule)

2,044

10

10

2,034

24 Total operating and administrative expenses.

Add lines 13 through 23

22,827

18,723

18,723

3,800

25 Contributions, gifts, grants paid

64,188

64,188

26 Total expenses and disbursements. Add lines 24 and 25

87,015

18,723

18,723

67,988

27 Subtract line 26 from line 12.

a Excess of revenue over expenses and disbursements

(60,175)

b Net investment income (if negative, enter -0-)

30,440

c Adjusted net income (if negative, enter -0-)

30,440

MAY 14 2010
OCDEN, UT

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
A s s e t s	1 Cash - non-interest-bearing	127,853	72,634	72,634
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,188	548	548
	10a Investments - U.S. and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	L i a b i l i t i e s	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation (attach schedule) ▶				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)		1,266,392	1,263,076	1,445,037
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶ STM120)		1	1	1
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, Item I)		1,396,434	1,336,259	1,518,220
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)		0		
N e t A s s e t s F u n d B a l a n c e s O r	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> 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			
	29 Retained earnings, accumulated income, endowment, or other funds	1,396,434	1,336,259	
30 Total net assets or fund balances (see page 17 of the instructions)	1,396,434	1,336,259		
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,396,434	1,336,259		

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)	1	1,396,434
2 Enter amount from Part I, line 27a	2	(60,175)
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,336,259
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,336,259

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr., mo., day)	(d) Date sold (yr., mo., day)
1a See STM-134				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 678,005		700,328	(22,323)
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	(22,323)
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) . . . } If (loss), enter -0- in Part I, line 8 }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	64,610	1,598,105	0.040429
2007	72,842	1,883,418	0.038675
2006	81,864	1,786,762	0.045817
2005	85,306	1,714,081	0.049768
2004	90,872	1,672,882	0.054321

2 Total of line 1, column (d)	2	0.22901
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.045802
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	1,411,147
5 Multiply line 4 by line 3	5	64,633
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	304
7 Add lines 5 and 6	7	64,937
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 on page 18.	8	67,988

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		1	304
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2		3	304
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	304
6 Credits/Payments.			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 852		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	852	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	548	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> 304 Refunded <input type="checkbox"/> 244	11	244	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?		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?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> CA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

Part 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ WELLS FARGO BANK	Telephone no. ▶	916-788-4511	
	Located at ▶ 1512 EUERKA ROAD SUITE 300 ROSEVILLE, CA	ZIP+4 ▶	95661	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here	▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	15		

Part 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.

	Yes	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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)?		
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	
c 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)):		
a 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ▶		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b	
c 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 enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance check here ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No
- If "Yes," attach the statement required by Regulations section 53.4945-5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

5b

6b

7b

X

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation** (see page 22 of the instructions).

(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	(e) Expense account, other allowances
WELLS FARGO BANK 1512 EVERKA ROAD SUITE 300, CA 95661	TRUSTEE 5	17,664	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	79,001
c	Fair market value of all other assets (see page 24 of the instructions)	1c	1,353,636
d	Total (add lines 1a, b, and c)	1d	1,432,637
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,432,637
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	21,490
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,411,147
6	Minimum investment return. Enter 5% of line 5	6	70,557

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	70,557
2a	Tax on investment income for 2009 from Part VI, line 5	2a	304
b	Income tax for 2009 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	304
3	Distributable amount before adjustments Subtract line 2c from line 1	3	70,253
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	70,253
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	70,253

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 28	1a	67,988
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	67,988
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	304
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	67,684

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				70,253
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			64,108	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 67,988				
a Applied to 2008, but not more than line 2a			64,108	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				3,880
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				66,373
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
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				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years				(e) Total
(a) 2009	(b) 2008	(c) 2007	(d) 2006		
b 85% of line 2a					
c 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 royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed.
990APP

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

FEIN

CHARLES E SAAK TRUST 359-808852

94-6076213

Form 990PF, Part II, Line 13
Investments: Other Schedule

Statement #118

<u>Category</u>	<u>Book value (BOY)</u>	<u>Book value (EOY)</u>	<u>FMV (EOY)</u>
ISHARES 1 BOXX INVEST GRD		36,859	39,649
TEMPLETON GBL BOND	50,989	87,221	90,842
WF ADV HI INCM 3110	69,373	80,870	79,231
TAXABLE INTERMEDIATE TERM BD	170,420	123,261	133,585
TAXABLE SHORT TERM BOND	62,567	74,284	75,238
TAXABLE TOTAL RETURN BOND	182,803	131,784	143,688
MID CAP CORE STOCK FD	2,601		
ISHARES TR RUSSELL MIDCAP	48,030		
ISHARES TR S&P MIDCAP		52,884	70,771
ISHARES RUSSELL 1000 GRWTH	114,320		
ISHARES RUSSELL 2000	35,405		
ISHARES TR DOW JONES US RE	56,161		
ISHARES RUSSELL 1000 INDEX	63,955		
Total	<u>856,624</u>	<u>587,163</u>	<u>633,004</u>

PG 02

Form 990PF, Part II, Line 13
Investments: Other Schedule

Statement #118

<u>Category</u>	<u>Book value (BOY)</u>	<u>Book value (EOY)</u>	<u>FMV (EOY)</u>
KEELEY SMALL CAP VAL 2251		55,743	68,296
MAINSTAY EPOCH LARGE CAP	89,661	84,646	103,437
WF ADV CAP GRWTH 3603		85,389	109,211
WF ADV INDEX 88		60,156	78,595
ISHARES MSCI EAFE	122,506	135,713	167,044
VANGUARD EMERGING MKTS ETF	77,593	36,590	45,888
HUSSMAN STRATEGIC GRWTH	73,397	69,541	59,995
POWERSHARES DB COMMODITY INDEX	30,014	63,018	66,640
SPDR DJ WILSHIRE INTL RE		22,779	31,177
VANGUARD REIT VIPER	16,597	62,338	81,750
Total	<u>409,768</u>	<u>675,913</u>	<u>812,033</u>

Federal Supporting Statements

2009 PG 01

Your Social Security Number

94-6076213

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow)

Statement #134

Description	P-Purchase D-Donation	Date Acquired	Date Sold	Sales Price	Depreciation	Cost or other basis	Gain or Loss	Pre-1970 Gains or Losses
023 HUSSMAN STRATEGIC GRWTH	P	2008-07-24	2009-02-09	1,944		2,500	(556)	
1034 HUSSMAN STRATEGIC GRWTH	P	2008-02-11	2009-02-09	12,871		16,118	(3,247)	
3155 I SHARES RUSSELL 1000 GRWTH	P	2008-11-28	2009-02-11	117,069		114,320	2,749	
726 I SHARES RUSSELL 2000	P	2008-12-22	2009-02-11	32,845		35,405	(2,560)	
1524 I SHARES DOW JONES US RE	P	2008-12-22	2009-02-11	47,446		56,161	(8,715)	
828 I SHARES TR RUSSELL MIDCAP IND	P	2008-12-22	2009-02-11	48,475		48,030	445	
1347 I SHARES TR RUSSELL 1000 IND	P	2008-12-22	2009-02-11	62,869		63,955	(1,086)	
77 TAXABLE INTERMEDIATE TERM BD	P	2007-04-20	2009-02-11	707		735	(28)	
1955 TAXABLE INTERMEDIATE TERM BD	P	2007-09-14	2009-02-11	18,028		18,749	(721)	
426 TAXABLE INTERMEDIATE TERM BD	P	2006-10-13	2009-02-11	3,927		4,059	(132)	
6125 TAXABLE TOTAL RETURN BD	P	1989-10-31	2009-02-11	41,468		45,952	(4,484)	
486 TAXABLE TOTAL RETURN BD	P	2007-04-20	2009-02-11	3,289		3,512	(223)	
2729 TAXABLE TOTAL RETURN	P	2008-02-15	2009-02-11	18,546		19,924	(1,378)	
237 TAXABLE TOTAL RETURN BD	P	2006-11-13	2009-02-11	1,607		1,703	(96)	
390 TEMPLETON GBL BD 616	P	2007-11-19	2009-02-09	4,302		4,590	(288)	
1015 WF ADV HI INCM 3110	P	2006-02-21	2009-02-09	6,141		7,877	(1,736)	
1116 I SHARES TR SMALL CAP	P	2009-02-06	2009-04-21	45,300		45,318	(18)	
107 EPOCH US LARGE CAP EQTY	P	2009-02-10	2009-05-08	1,196		1,111	85	
140 I SHARES MSCI EAFE	P	2008-12-22	2009-05-12	6,314		6,084	230	
11 I SHARES TR S&P MIDCAP 400	P	2009-02-06	2009-05-12	647		576	71	
244 KEELEY SMALL CAP VAL	P	2009-04-20	2009-05-08	3,953		3,482	471	
464 MIDCAP CORE STOCK	P	2008-10-15	2009-05-12	4,038		2,077	1,961	
9 SPDR DJ WILSHIRE INTL RE	P	2009-02-06	2009-05-12	245		220	25	
486 VANGUARD EMERGING MKT ETF	P	2008-07-22	2009-05-12	14,781		21,715	(6,934)	
23 VANGUARD REIT VIPER	P	2004-01-20	2009-05-12	769		1,018	(249)	
85 WF ADV CAP GRWTH 3603	P	2009-02-10	2009-05-08	918		865	53	
51 WF ADV INDEX 88	P	2009-02-10	2009-05-08	1,688		1,529	159	
396 EPOCH US LARGE CAP	P	2009-02-10	2009-07-16	4,625		4,110	515	
33 I SHARES GOLDMAN SACHS CORP	P	2009-02-06	2009-07-20	3,287		3,239	48	
152 I SHARES MSCI EAFE	P	2008-12-22	2009-07-20	7,076		6,606	470	
5 I SHARES TR S&P MIDCAP 400	P	2009-02-06	2009-07-20	290		262	28	
16 POWERSHARES DB COMMODITY	P	2009-05-07	2009-07-20	341		346	(5)	
27 POWERSHARES DB COMMODITY	P	2008-12-22	2009-07-20	575		548	27	
119 SPDR DJ WILSHIRE INTL RE	P	2009-02-06	2009-07-20	3,508		2,902	606	

Federal Supporting Statements

2009 PG 02

Your Social Security Number

CHARLES E SAAK TRUST 359-808852

94-6076213

Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow)

Statement #134

P-Purchase
D-Donation

Cost or
other basis

Gain or Loss

Pre-1970 Gains
or Losses

Description	Purchase D-Donation	Date Acquired	Date Sold	Sales Price	Depreciation	Cost or other basis	Gain or Loss	Pre-1970 Gains or Losses
814 TAXABLE INTERMEDIATE TERM BD	P	2006-10-13	2009-07-27	7,757		7,770	(13)	
332 TAXABLE SHORT TERM BD	P	2004-01-15	2009-07-27	2,776		2,799	(23)	
998 TAXABLE TOTAL RETURN BD	P	2006-10-13	2009-07-27	6,966		7,092	(126)	
66 TEMPLETON GBL BOND	P	2009-05-11	2009-07-16	782		787	(5)	
90 TEMPLETON GBL BOND	P	2007-11-19	2009-07-16	1,064		1,058	6	
101 VANGUARD EMERGING MKT ETF	P	2008-07-22	2009-07-20	3,305		4,513	(1,208)	
492 WF ADV HI INCM 3310	P	2006-02-21	2009-07-16	3,178		3,818	(640)	
280 WF ADV CAP GRWTH 3603	P	2009-02-10	2009-07-16	3,175		2,850	325	
65 WF ADV INDEX FD 88	P	2009-02-10	2009-07-16	2,222		1,949	273	
1806 EPOCH US LARGE CAP 4493	P	2009-02-10	2009-10-16	24,085		18,741	5,344	
502 EPOCH US LARGE CAP 4493	P	2008-12-02	2009-10-16	6,690		5,015	1,675	
11 ISHARES GOLDMAN SACHS CORP	P	2009-02-06	2009-10-20	1,142		1,080	62	
168 ISHARES MSCI EAFE	P	2008-12-22	2009-10-20	9,469		7,300	2,169	
144 ISHARES TR S&P MIDCAP 400	P	2009-02-06	2009-10-20	10,202		7,540	2,662	
38 SPDR DJ WILSHIRE INTL RE	P	2009-02-06	2009-10-20	1,401		927	474	
1150 TAXABLE INTERMEDIATE TERM BD	P	2006-10-13	2009-10-20	11,190		10,445	745	
489 VANGUARD EMERGING MKTS ETF	P	2008-07-22	2009-10-20	19,987		21,849	(1,862)	
50 VANGUARD REIT VIPER	P	2004-01-20	2009-10-20	2,092		2,213	(121)	
WF ADV CAP GRWTH 3603	P	2009-02-10	2009-10-16	36,849		28,015	8,834	
64 WF ADV INDEX 88	P	2009-02-10	2009-10-16	2,588		1,919	669	
COMMON TRUST MIDCAP CORE STOCK	P	2009-01-01	2009-08-01			236	(236)	
COMMON TRUST MIDCAP CORE STOCK	P	2008-01-01	2009-08-01			289	(289)	
COMMON TRUST TAX INTERMEDIATE TERM	P	2009-01-01	2009-08-01			1,853	(1,853)	
COMMON TRUST TAX INTERMEDIATE TERM	P	2008-01-01	2009-08-01			3,547	(3,547)	
COMMON TRUST TAXABLE TOTAL RETURN	P	2009-01-01	2009-08-01			3,561	(3,561)	
COMMON TRUST TAXABLE TOTAL RETURN	P	2008-01-01	2009-08-01			4,998	(4,998)	
COMMON TRUST TAXABLE SHORT TERM	P	2009-01-01	2009-08-01			1,006	(1,006)	
COMMON TRUST TAXABLE SHORT TERM	P	2008-01-01	2009-08-01			1,560	(1,560)	
Total				678,005		700,328	(22,323)	

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

FEIN

CHARLES E SAAK TRUST 359-808852

94-6076213

**Form 990PF, Part II, Line 15
Other Assets Schedule**

Statement #120

<u>Description</u>	<u>BOY Book</u>	<u>EOY Book</u>	<u>FMV</u>
OIL, GAS, & MINERAL RIGHTS	<u>1</u>	<u>1</u>	<u>1</u>
Total	<u><u>1</u></u>	<u><u>1</u></u>	<u><u>1</u></u>

Federal Supporting Statements

2009 PG 01

Your Social Security Number

94-6076213

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

Statement #103

Form 990PF, Part I, Line 23 - Other Expenses Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
SCHOLARSHIP MANAGEMENT	2,034	0	0	2,034
STATE FEE	10	10	10	0
Totals	2,044	10	10	2,034

PG 01

Statement #108

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
TAX RETURN PREPARATION	2,815	2,815	2,815	0
Totals	2,815	2,815	2,815	0

Federal Supporting Statements

2009 PG 01

Your Social Security Number

94-6076213

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

Statement #110

Form 990PF, Part I, Line 18 - Taxes Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
FORM 990PF TAX	304	0	0	0
Totals	304	0	0	0

Federal Supporting Statements

2009 PG 01

Your Social Security Number

94-6076213

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

Form 990PF, Part I, Line 25 - Subsidiary Schedule

Subsidiary Statement

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
SCHOLARSHIPS PAID	53,608	0	0	53,608
RECREATIONAL	10,580	0	0	10,580
Totals	64,188	0	0	64,188

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

Your Social Security Number

94-6076213

**Form 990PF, Part XV, Line 2
Application Submission Information**

990APP

Grant Program

ALL

Applicant Name

WELLS FARGO TRUST

Address

111 W OCEAN BLVD

LONG BEACH CA 90802

Telephone

800-352-3705

Form & Content

SAMPLE ATTACHED

Submission Deadline

MARCH 31ST ANNUALLY

Restrictions on AwardLIMITED TO EDUCATIONAL, MEDICAL, OR RECREATIONAL NEEDS OF THE
ECONOMICALLY DISADVANTAGED YOUTHS IN THE POPLAR, CA, GEOGRAPHICAL
AREA.

990**Overflow Statement****2009**
Page 1

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

FEIN

94-6076213

PART II, LINE 9 - PREPAID EXPENSES**Description****Amount**

FORM 990PF TAX

\$ 2,188

Total:\$ 2,188

CHARLES E. SAAK TRUST
94-6077213
LIST OF GRANTEES
YEAR ENDED JANUARY 31, 2010

Educational

Scholarship America	\$53,608
---------------------	----------

Recreational

Golden YMCA – 2009 Campership Grant	<u>10,580</u>
--	---------------

<u>Total Grants</u>	<u>\$64,188</u>
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WELLS FARGO PRIVATE CLIENT SERVICES
P. O BOX 20160
LONG BEACH, CA 90801

CHARLES E. SAAK SCHOLARSHIP APPLICATION

CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST

ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST:

- ~ be from the Porterville/Poplar, California area
- ~ be under the age of 21 during the scholastic year
- ~ be considered a full-time student (i.e., 12 units)
- ~ achieve at least a 2.0 GPA each term

NECESSARY DOCUMENTATION

THE FOLLOWING MUST BE SUBMITTED TO COMPLETE YOUR APPLICATION:

- S1: Scholarship Application, typed, completed by applicant.
- S2: Educational Confidential Statement
- S3: Financial Statement completed by parent(s).
- *4: Most recent tax return of parents and applicant
- 5: Most recent high school or college transcript; one official (unopened) copy.

*4 NOTE: If parents do not file a return we will need documentation of your source(s) of income; Social Security, AFDC, Disability, etc.

OTHER INFORMATION

Scholarships are competitive and will be awarded for one year of full-time continued study or training. This scholarship is *not* automatically renewed. You must apply on or before March 31 prior to your anticipated year of study. If a student is awarded a scholarship by the committee and at any time during the award year does not meet the said requirements, the student may be dropped from the award program. Monies not paid out by the end of the scholastic year due to failure of the recipient to meet requirements will *not* be carried over to the next year and shall revert back to the Charles E. Saak Scholarship Trust.

VERIFYING COMPLETENESS

It is your responsibility to verify that the application is complete. You will *not* be notified by us prior to the deadline if your application is not complete. We suggest the applicant mail all Necessary Documentation (S1, S2, S3, Tax Return, & Transcript) all together in one large manila envelope before March 15, 2003. We also suggest that the student phone Wells Fargo Private Banking Group, Trust Department, two weeks prior to March 31, 2004 to verify the manila envelope has been received. All Necessary Documentation must be postmarked on or before the March 31, 2003 deadline. *Late applications will not be considered by the committee.* Any application received with insufficient postage will be returned to the applicant by the Post office. This will delay your application. If there are any questions regarding this scholarship, please contact Denise Falle at toll-free number 1-800-352-3705. All Necessary Documentation must be sent to:

2003/2004 CHARLES E. SAAK SCHOLARSHIP TRUST
WELLS FARGO TRUST DEPARTMENT
P. O. BOX 20160
LONG BEACH, CA 90802

CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST

ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST:

- ~ be from the Porterville/Poplar, California area
- ~ be under the age of 21 during the scholastic year.
- ~ be considered a full-time student (i.e. 12 units).
- ~ achieve at least a 2.0 GPA each term.

PLEASE TYPE OR PRINT LEGIBLY

**IT IS REQUIRED THAT THE ENTIRE FORM BE COMPLETED, LEAVE NO BLANKS!!
DUE POSTMARKED ON OR BEFORE MARCH 31, 2003**

Name of
Applicant: _____
First Middle Last Social Security #

Mailing
Address: _____
Street Address City State Zip

Telephone: () _____ Date of Birth: (m/d/year) _____

High School Attended: _____ High School Grad. Date (m/year) _____

College/University to be
Attended: _____

Major: _____ A prior recipient of the Saak Trust? ____ Yes ____ No

If yes, how many years have you received the scholarship? _____

Name of Parent(s) or Guardian(s): _____

Mailing address: _____
Street City State Zip

Total Number of family members (include yourself): _____

I understand that if I should be selected for this grant, these funds will be paid to an organization or professional party furnishing the service. I understand that if for any reason I cannot carry out my plans to use this grant, I will notify the Scholarship & Grant Director, at Wells Fargo, P. O. Box 20160, Long Beach, CA 90802.

Signature of Applicant _____

Date _____

CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST

EDUCATIONAL STATEMENT (S2)

Must be completed by the applicant.

Please type or print clearly

Applicant's Name: _____

Educational Goals: _____

Career Goals: _____

Any other pertinent information: _____

Signature of Applicant

Date

Please use reverse side of this paper for additional space needed

CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST

FINANCIAL STATEMENT (\$)

Must be completed by the parent(s)/ guardian(s)

Please type or print neatly

Applicant's name: _____

HOUSEHOLD INFORMATION

Parents Marital Status: (please check one)

____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

Parental Information:

____ Father ____ Stepfather ____ Guardian (please check one)

Name: _____

Occupation/Title: _____

Employer: _____

Social Security #: _____

____ Mother ____ Stepmother ____ Guardian (please check one)

Name: _____

Occupation/Title: _____

Employer: _____

Social Security #: _____

Family Information

~The total size of the applicant's parent's household during the 2003/2004 will be _____.
Please include the student even if he/she does not live at home. Also include parents, and any other dependent children.

~The total number of family members attending college during 2003/2004 will be _____.
Include the student who is applying for aid and any others who will be in college at least half time.

~Please fill in the information requested below for all children and dependents.

Name: Age: Relationship: Status: full, part-time Occupation:

CHARLES E. SAAK TRUST**PURPOSE AND ESTIMATE STATEMENT**

Name of Applicant _____

RECREATIONAL/OTHER GRANTS ONLY:

1. Total amount requested \$ _____
2. Please state the exact purpose for which the funds will be used:

FOR DENTAL AND MEDICAL GRANTS ONLY- Must be completed by parents

Applicant's Name _____

1. Total amount requested _____
2. Please state the exact purpose(s) for which requested funds will be used:

3. Do the parents or applicant have any insurance?

Medical

Dental

Policy Number _____

Insurance Co. _____

Percentage covered _____

Ins. Co. Phone # _____

4. Any other information which may be pertinent to the applicant's dental/medical condition must be attached.
5. Statement from dentist/doctor explaining the applicant's dental/medical condition must be attached.
6. Name of doctor/dentist _____ Phone # _____
7. Address of doctor/dentist _____
8. Estimate from doctor for work to be performed must be attached.
9. Total amount of estimate \$ _____

Signature of Applicant _____ Date _____
 (or parent if applicant is under 18 years of age.)

CHARLES E. SAAK TRUST**FINANCIAL STATEMENT**
Must be completed by the applicant

Please Print or Type

Applicant's Name: _____

Are you employed? _____ Yes _____ No _____ N/A

If yes-where? _____

Applicant's and Spouse's resources (Annual)	Prior Year	Current Year
a. Applicant's wages, salaries, tips, etc. (Before taxes and deductions. Don't include work-study earnings.)	\$ _____	\$ _____
b. Spouse's wages, salaries tips, etc. (Before taxes and deductions. Don't include work-study earnings.)	\$ _____	\$ _____
c. Other taxable income (interest-dividends, ect.)	\$ _____	\$ _____
d. Social Security benefits	\$ _____	\$ _____
e. Veterans benefits	\$ _____	\$ _____
f. Aid to Families with Dependent Children	\$ _____	\$ _____
g. Support from applicant's Parents	\$ _____	\$ _____
h. Support from spouse's parents	\$ _____	\$ _____
i. Grants, scholarships, fellowships, loans, and aid already awarded.	\$ _____	\$ _____
j. Other non-Taxable income	\$ _____	\$ _____
TOTAL RESOURCES	\$ _____	\$ _____

Applicant's Occupation _____ Employer _____

Spouse's Name _____ Occupation _____

Employer _____

Monthly home mortgage or rental payment \$ _____

If none, explain _____

Signature of Applicant _____ Date _____

CHARLES E. SAAK TRUST**FINANCIAL STATEMENT***Must be completed by Parent(s) or Guardian(s)*

Applicants Name: _____

Household Information:

The Parents' current marital status is:

_____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Check One _____ Father _____ Stepfather _____ Guardian

Name _____
 Street Address _____
 City/State/Zip _____
 Employer _____
 # Years Employed _____
 Social Security # _____

Check one _____ Mother _____ Stepmother _____ Guardian

Name _____
 Street Address _____
 City/State/Zip _____
 Employer _____
 # Years Employed _____
 Social Security # _____

The total size of the applicant's parents' household during the following year will be _____
 (Include the applicant even if he/she does not live at home) Also include parents and parents' other dependent children.

NEW YORK STATE DEPARTMENT OF TAXATION			

Charles E. Saak Trust
Wells Fargo Bank NA, Private Client Services

To whom it may concern,

I, the undersigned, did not file income Tax forms for the year _____.

Sign Name

Date

Print Name

CHARLES E. SAAK TRUST
94-6077213
LIST OF GRANTEES
YEAR ENDED JANUARY 31, 2010

Educational

Scholarship America	\$53,608
---------------------	----------

Recreational

Golden YMCA – 2009 Campership Grant	<u>10,580</u>
--	---------------

<u>Total Grants</u>	<u>\$64,188</u>
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